

ROCKVILLE GENERAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009	FY 2010	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$5,978,582	\$5,837,411	(\$141,171)	-2%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$9,336,815	\$9,664,890	\$328,075	4%
4	Current Assets Whose Use is Limited for Current Liabilities	\$273,342	\$256,662	(\$16,680)	-6%
5	Due From Affiliates	\$10,587,145	\$15,102,760	\$4,515,615	43%
6	Due From Third Party Payers	\$976,533	\$361,514	(\$615,019)	-63%
7	Inventories of Supplies	\$1,150,786	\$1,499,178	\$348,392	30%
8	Prepaid Expenses	\$1,181,196	\$229,941	(\$951,255)	-81%
9	Other Current Assets	\$0	\$0	\$0	0%
	Total Current Assets	\$29,484,399	\$32,952,356	\$3,467,957	12%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$932,370	\$932,060	(\$310)	0%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$17,492,451	\$18,679,910	\$1,187,459	7%
	Total Noncurrent Assets Whose Use is Limited:	\$18,424,821	\$19,611,970	\$1,187,149	6%
5	Interest in Net Assets of Foundation	\$2,008,301	\$2,673,866	\$665,565	33%
6	Long Term Investments	\$2,503,896	\$2,854,826	\$350,930	14%
7	Other Noncurrent Assets	\$3,369,756	\$3,591,941	\$222,185	7%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$86,111,092	\$87,786,229	\$1,675,137	2%
2	Less: Accumulated Depreciation	\$51,499,588	\$55,094,113	\$3,594,525	7%
	Property, Plant and Equipment, Net	\$34,611,504	\$32,692,116	(\$1,919,388)	-6%
3	Construction in Progress	\$498,366	\$111,603	(\$386,763)	-78%
	Total Net Fixed Assets	\$35,109,870	\$32,803,719	(\$2,306,151)	-7%
	Total Assets	\$90,901,043	\$94,488,678	\$3,587,635	4%

ROCKVILLE GENERAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009	FY 2010	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$5,997,455	\$5,818,288	(\$179,167)	-3%
2	Salaries, Wages and Payroll Taxes	\$776,867	\$819,406	\$42,539	5%
3	Due To Third Party Payers	\$343,065	\$142,494	(\$200,571)	-58%
4	Due To Affiliates	\$7,047,172	\$8,798,644	\$1,751,472	25%
5	Current Portion of Long Term Debt	\$774,614	\$738,727	(\$35,887)	-5%
6	Current Portion of Notes Payable	\$566,800	\$615,600	\$48,800	9%
7	Other Current Liabilities	\$508,873	\$2,071,603	\$1,562,730	307%
	Total Current Liabilities	\$16,014,846	\$19,004,762	\$2,989,916	19%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$23,781,213	\$23,160,864	(\$620,349)	-3%
2	Notes Payable (Net of Current Portion)	\$1,474,544	\$735,817	(\$738,727)	-50%
	Total Long Term Debt	\$25,255,757	\$23,896,681	(\$1,359,076)	-5%
3	Accrued Pension Liability	\$12,439,602	\$12,225,592	(\$214,010)	-2%
4	Other Long Term Liabilities	\$728,623	\$697,012	(\$31,611)	-4%
	Total Long Term Liabilities	\$38,423,982	\$36,819,285	(\$1,604,697)	-4%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$31,533,927	\$33,744,284	\$2,210,357	7%
2	Temporarily Restricted Net Assets	\$1,502,364	\$1,433,133	(\$69,231)	-5%
3	Permanently Restricted Net Assets	\$3,425,924	\$3,487,214	\$61,290	2%
	Total Net Assets	\$36,462,215	\$38,664,631	\$2,202,416	6%
	Total Liabilities and Net Assets	\$90,901,043	\$94,488,678	\$3,587,635	4%

ROCKVILLE GENERAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$140,926,612	\$147,134,138	\$6,207,526	4%
2	Less: Allowances	\$75,435,363	\$82,187,872	\$6,752,509	9%
3	Less: Charity Care	\$550,997	\$772,244	\$221,247	40%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$64,940,252	\$64,174,022	(\$766,230)	-1%
5	Other Operating Revenue	\$5,004,477	\$5,242,621	\$238,144	5%
6	Net Assets Released from Restrictions	\$36,472	\$23,672	(\$12,800)	-35%
	Total Operating Revenue	\$69,981,201	\$69,440,315	(\$540,886)	-1%
B. Operating Expenses:					
1	Salaries and Wages	\$30,097,396	\$29,677,566	(\$419,830)	-1%
2	Fringe Benefits	\$7,053,677	\$7,309,138	\$255,461	4%
3	Physicians Fees	\$2,740,261	\$2,844,689	\$104,428	4%
4	Supplies and Drugs	\$7,782,326	\$8,558,231	\$775,905	10%
5	Depreciation and Amortization	\$3,982,798	\$3,824,200	(\$158,598)	-4%
6	Bad Debts	\$3,876,624	\$3,601,814	(\$274,810)	-7%
7	Interest	\$1,275,285	\$1,507,868	\$232,583	18%
8	Malpractice	\$1,042,082	\$663,700	(\$378,382)	-36%
9	Other Operating Expenses	\$8,388,810	\$7,896,771	(\$492,039)	-6%
	Total Operating Expenses	\$66,239,259	\$65,883,977	(\$355,282)	-1%
	Income/(Loss) From Operations	\$3,741,942	\$3,556,338	(\$185,604)	-5%
C. Non-Operating Revenue:					
1	Income from Investments	(\$1,555,184)	\$362	\$1,555,546	-100%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$825,613)	(\$468,828)	\$356,785	-43%
	Total Non-Operating Revenue	(\$2,380,797)	(\$468,466)	\$1,912,331	-80%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$1,361,145	\$3,087,872	\$1,726,727	127%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses	\$1,361,145	\$3,087,872	\$1,726,727	127%
	Principal Payments	\$5,228,534	\$1,346,163	(\$3,882,371)	-74%

ROCKVILLE GENERAL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2010 REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. GROSS REVENUE BY PAYER					
A. INPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$32,007,267	\$29,062,816	(\$2,944,451)	-9%
2	MEDICARE MANAGED CARE	\$4,342,746	\$6,154,088	\$1,811,342	42%
3	MEDICAID	\$1,341,424	\$2,367,210	\$1,025,786	76%
4	MEDICAID MANAGED CARE	\$3,277,723	\$3,403,580	\$125,857	4%
5	CHAMPUS/TRICARE	\$86,402	\$270,821	\$184,419	213%
6	COMMERCIAL INSURANCE	\$1,151,924	\$1,040,882	(\$111,042)	-10%
7	NON-GOVERNMENT MANAGED CARE	\$13,917,563	\$13,746,707	(\$170,856)	-1%
8	WORKER'S COMPENSATION	\$200,481	\$410,501	\$210,020	105%
9	SELF- PAY/UNINSURED	\$1,260,645	\$1,077,749	(\$182,896)	-15%
10	SAGA	\$1,770,817	\$1,628,725	(\$142,092)	-8%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT GROSS REVENUE	\$59,356,992	\$59,163,079	(\$193,913)	0%
B. OUTPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$20,666,520	\$22,204,312	\$1,537,792	7%
2	MEDICARE MANAGED CARE	\$4,061,027	\$4,901,017	\$839,990	21%
3	MEDICAID	\$2,654,472	\$3,833,348	\$1,178,876	44%
4	MEDICAID MANAGED CARE	\$7,680,250	\$9,986,812	\$2,306,562	30%
5	CHAMPUS/TRICARE	\$234,543	\$400,126	\$165,583	71%
6	COMMERCIAL INSURANCE	\$2,387,804	\$2,467,472	\$79,668	3%
7	NON-GOVERNMENT MANAGED CARE	\$36,053,847	\$36,069,861	\$16,014	0%
8	WORKER'S COMPENSATION	\$1,325,938	\$1,289,819	(\$36,119)	-3%
9	SELF- PAY/UNINSURED	\$4,141,394	\$4,141,862	\$468	0%
10	SAGA	\$2,363,824	\$2,676,432	\$312,608	13%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT GROSS REVENUE	\$81,569,619	\$87,971,061	\$6,401,442	8%
C. TOTAL GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$52,673,787	\$51,267,128	(\$1,406,659)	-3%
2	MEDICARE MANAGED CARE	\$8,403,773	\$11,055,105	\$2,651,332	32%
3	MEDICAID	\$3,995,896	\$6,200,558	\$2,204,662	55%
4	MEDICAID MANAGED CARE	\$10,957,973	\$13,390,392	\$2,432,419	22%
5	CHAMPUS/TRICARE	\$320,945	\$670,947	\$350,002	109%
6	COMMERCIAL INSURANCE	\$3,539,728	\$3,508,354	(\$31,374)	-1%
7	NON-GOVERNMENT MANAGED CARE	\$49,971,410	\$49,816,568	(\$154,842)	0%
8	WORKER'S COMPENSATION	\$1,526,419	\$1,700,320	\$173,901	11%
9	SELF- PAY/UNINSURED	\$5,402,039	\$5,219,611	(\$182,428)	-3%
10	SAGA	\$4,134,641	\$4,305,157	\$170,516	4%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL GROSS REVENUE	\$140,926,611	\$147,134,140	\$6,207,529	4%
II. NET REVENUE BY PAYER					
A. INPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$13,587,303	\$12,216,617	(\$1,370,686)	-10%
2	MEDICARE MANAGED CARE	\$1,831,160	\$2,655,859	\$824,699	45%
3	MEDICAID	\$605,294	\$806,958	\$201,664	33%
4	MEDICAID MANAGED CARE	\$1,209,700	\$1,265,804	\$56,104	5%
5	CHAMPUS/TRICARE	\$38,372	\$91,096	\$52,724	137%
6	COMMERCIAL INSURANCE	\$836,093	\$826,141	(\$9,952)	-1%
7	NON-GOVERNMENT MANAGED CARE	\$7,739,554	\$7,062,198	(\$677,356)	-9%
8	WORKER'S COMPENSATION	\$120,116	\$191,217	\$71,101	59%
9	SELF- PAY/UNINSURED	\$345,733	\$254,043	(\$91,690)	-27%
10	SAGA	\$197,211	\$459,161	\$261,950	133%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT NET REVENUE	\$26,510,536	\$25,829,094	(\$681,442)	-3%
B. OUTPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$6,742,685	\$7,004,386	\$261,701	4%
2	MEDICARE MANAGED CARE	\$1,224,909	\$1,375,498	\$150,589	12%
3	MEDICAID	\$719,595	\$1,343,806	\$624,211	87%

ROCKVILLE GENERAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
4	MEDICAID MANAGED CARE	\$2,510,001	\$2,517,015	\$7,014	0%
5	CHAMPUS/TRICARE	\$145,305	\$255,010	\$109,705	75%
6	COMMERCIAL INSURANCE	\$2,151,419	\$1,942,422	(\$208,997)	-10%
7	NON-GOVERNMENT MANAGED CARE	\$18,840,525	\$18,586,063	(\$254,462)	-1%
8	WORKER'S COMPENSATION	\$460,287	\$476,273	\$15,986	3%
9	SELF- PAY/UNINSURED	\$1,175,074	\$671,338	(\$503,736)	-43%
10	SAGA	\$294,211	\$243,733	(\$50,478)	-17%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT NET REVENUE	\$34,264,011	\$34,415,544	\$151,533	0%
C.	TOTAL NET REVENUE				
1	MEDICARE TRADITIONAL	\$20,329,988	\$19,221,003	(\$1,108,985)	-5%
2	MEDICARE MANAGED CARE	\$3,056,069	\$4,031,357	\$975,288	32%
3	MEDICAID	\$1,324,889	\$2,150,764	\$825,875	62%
4	MEDICAID MANAGED CARE	\$3,719,701	\$3,782,819	\$63,118	2%
5	CHAMPUS/TRICARE	\$183,677	\$346,106	\$162,429	88%
6	COMMERCIAL INSURANCE	\$2,987,512	\$2,768,563	(\$218,949)	-7%
7	NON-GOVERNMENT MANAGED CARE	\$26,580,079	\$25,648,261	(\$931,818)	-4%
8	WORKER'S COMPENSATION	\$580,403	\$667,490	\$87,087	15%
9	SELF- PAY/UNINSURED	\$1,520,807	\$925,381	(\$595,426)	-39%
10	SAGA	\$491,422	\$702,894	\$211,472	43%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL NET REVENUE	\$60,774,547	\$60,244,638	(\$529,909)	-1%
III.	STATISTICS BY PAYER				
A.	DISCHARGES				
1	MEDICARE TRADITIONAL	1,532	1,329	(203)	-13%
2	MEDICARE MANAGED CARE	234	266	32	14%
3	MEDICAID	103	127	24	23%
4	MEDICAID MANAGED CARE	355	421	66	19%
5	CHAMPUS/TRICARE	8	17	9	113%
6	COMMERCIAL INSURANCE	103	106	3	3%
7	NON-GOVERNMENT MANAGED CARE	1,014	941	(73)	-7%
8	WORKER'S COMPENSATION	10	17	7	70%
9	SELF- PAY/UNINSURED	63	65	2	3%
10	SAGA	87	97	10	11%
11	OTHER	0	0	0	0%
	TOTAL DISCHARGES	3,509	3,386	(123)	-4%
B.	PATIENT DAYS				
1	MEDICARE TRADITIONAL	8,327	6,979	(1,348)	-16%
2	MEDICARE MANAGED CARE	1,077	1,312	235	22%
3	MEDICAID	412	516	104	25%
4	MEDICAID MANAGED CARE	1,075	1,128	53	5%
5	CHAMPUS/TRICARE	23	48	25	109%
6	COMMERCIAL INSURANCE	419	372	(47)	-11%
7	NON-GOVERNMENT MANAGED CARE	3,319	3,043	(276)	-8%
8	WORKER'S COMPENSATION	19	48	29	153%
9	SELF- PAY/UNINSURED	185	266	81	44%
10	SAGA	499	468	(31)	-6%
11	OTHER	0	0	0	0%
	TOTAL PATIENT DAYS	15,355	14,180	(1,175)	-8%
C.	OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	15,583	14,517	(1,066)	-7%
2	MEDICARE MANAGED CARE	2,998	3,262	264	9%
3	MEDICAID	2,571	3,091	520	20%
4	MEDICAID MANAGED CARE	8,935	10,536	1,601	18%
5	CHAMPUS/TRICARE	331	395	64	19%
6	COMMERCIAL INSURANCE	2,965	2,700	(265)	-9%
7	NON-GOVERNMENT MANAGED CARE	45,220	38,831	(6,389)	-14%
8	WORKER'S COMPENSATION	1,094	974	(120)	-11%
9	SELF- PAY/UNINSURED	4,569	4,327	(242)	-5%
10	SAGA	2,492	2,083	(409)	-16%

ROCKVILLE GENERAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
11	OTHER	38	0	(38)	-100%
	TOTAL OUTPATIENT VISITS	86,796	80,716	(6,080)	-7%
IV. EMERGENCY DEPARTMENT OUTPATIENT BY PAYER					
A. EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$8,597,347	\$9,980,527	\$1,383,180	16%
2	MEDICARE MANAGED CARE	\$1,331,471	\$1,929,538	\$598,067	45%
3	MEDICAID	\$1,861,137	\$2,086,838	\$225,701	12%
4	MEDICAID MANAGED CARE	\$5,305,573	\$6,973,321	\$1,667,748	31%
5	CHAMPUS/TRICARE	\$143,888	\$211,386	\$67,498	47%
6	COMMERCIAL INSURANCE	\$1,454,862	\$1,613,535	\$158,673	11%
7	NON-GOVERNMENT MANAGED CARE	\$14,484,357	\$16,016,344	\$1,531,987	11%
8	WORKER'S COMPENSATION	\$587,829	\$693,357	\$105,528	18%
9	SELF- PAY/UNINSURED	\$3,071,932	\$3,375,658	\$303,726	10%
10	SAGA	\$2,035,856	\$2,846,869	\$811,013	40%
11	OTHER	\$63,775	\$71,339	\$7,564	12%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$38,938,027	\$45,798,712	\$6,860,685	18%
B. EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$2,194,642	\$2,339,695	\$145,053	7%
2	MEDICARE MANAGED CARE	\$357,172	\$449,438	\$92,266	26%
3	MEDICAID	\$455,143	\$421,348	(\$33,795)	-7%
4	MEDICAID MANAGED CARE	\$1,475,864	\$1,951,644	\$475,780	32%
5	CHAMPUS/TRICARE	\$62,359	\$65,852	\$3,493	6%
6	COMMERCIAL INSURANCE	\$1,072,166	\$1,186,863	\$114,697	11%
7	NON-GOVERNMENT MANAGED CARE	\$8,887,783	\$9,696,353	\$808,570	9%
8	WORKER'S COMPENSATION	\$437,629	\$489,600	\$51,971	12%
9	SELF- PAY/UNINSURED	\$1,822,292	\$1,287,856	(\$534,436)	-29%
10	SAGA	\$251,111	\$442,129	\$191,018	76%
11	OTHER	\$22,757	\$17,522	(\$5,235)	-23%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$17,038,918	\$18,348,300	\$1,309,382	8%
C. EMERGENCY DEPARTMENT OUTPATIENT VISITS					
1	MEDICARE TRADITIONAL	3,828	3,802	(26)	-1%
2	MEDICARE MANAGED CARE	574	693	119	21%
3	MEDICAID	1,259	1,165	(94)	-7%
4	MEDICAID MANAGED CARE	4,115	4,979	864	21%
5	CHAMPUS/TRICARE	105	134	29	28%
6	COMMERCIAL INSURANCE	773	797	24	3%
7	NON-GOVERNMENT MANAGED CARE	8,924	8,175	(749)	-8%
8	WORKER'S COMPENSATION	541	493	(48)	-9%
9	SELF- PAY/UNINSURED	2,007	2,001	(6)	0%
10	SAGA	1,457	1,604	147	10%
11	OTHER	25	30	5	20%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	23,608	23,873	265	1%

ROCKVILLE GENERAL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2010 REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. OPERATING EXPENSE BY CATEGORY					
A. Salaries & Wages:					
1	Nursing Salaries	\$10,043,170	\$10,046,971	\$3,801	0%
2	Physician Salaries	\$2,002,782	\$2,105,239	\$102,457	5%
3	Non-Nursing, Non-Physician Salaries	\$18,051,444	\$17,525,356	(\$526,088)	-3%
	Total Salaries & Wages	\$30,097,396	\$29,677,566	(\$419,830)	-1%
B. Fringe Benefits:					
1	Nursing Fringe Benefits	\$2,358,076	\$2,722,099	\$364,023	15%
2	Physician Fringe Benefits	\$470,241	\$539,520	\$69,279	15%
3	Non-Nursing, Non-Physician Fringe Benefits	\$4,225,360	\$4,047,519	(\$177,841)	-4%
	Total Fringe Benefits	\$7,053,677	\$7,309,138	\$255,461	4%
C. Contractual Labor Fees:					
1	Nursing Fees	\$155,965	\$0	(\$155,965)	-100%
2	Physician Fees	\$2,740,261	\$2,844,689	\$104,428	4%
3	Non-Nursing, Non-Physician Fees	\$0	\$0	\$0	0%
	Total Contractual Labor Fees	\$2,896,226	\$2,844,689	(\$51,537)	-2%
D. Medical Supplies and Pharmaceutical Cost:					
1	Medical Supplies	\$6,504,858	\$7,130,717	\$625,859	10%
2	Pharmaceutical Costs	\$1,277,468	\$1,427,514	\$150,046	12%
	Total Medical Supplies and Pharmaceutical Cost	\$7,782,326	\$8,558,231	\$775,905	10%
E. Depreciation and Amortization:					
1	Depreciation-Building	\$2,522,633	\$2,370,488	(\$152,145)	-6%
2	Depreciation-Equipment	\$1,460,165	\$1,453,712	(\$6,453)	0%
3	Amortization	\$0	\$0	\$0	0%
	Total Depreciation and Amortization	\$3,982,798	\$3,824,200	(\$158,598)	-4%
F. Bad Debts:					
1	Bad Debts	\$3,876,624	\$3,601,814	(\$274,810)	-7%
G. Interest Expense:					
1	Interest Expense	\$1,275,285	\$1,507,868	\$232,583	18%
H. Malpractice Insurance Cost:					
1	Malpractice Insurance Cost	\$1,042,082	\$663,700	(\$378,382)	-36%
I. Utilities:					
1	Water	\$49,922	\$35,521	(\$14,401)	-29%
2	Natural Gas	\$234,094	\$261,092	\$26,998	12%
3	Oil	\$105,674	\$44,052	(\$61,622)	-58%
4	Electricity	\$645,383	\$625,625	(\$19,758)	-3%
5	Telephone	\$180,745	\$179,170	(\$1,575)	-1%
6	Other Utilities	\$41,125	\$53,692	\$12,567	31%
	Total Utilities	\$1,256,943	\$1,199,152	(\$57,791)	-5%
J. Business Expenses:					
1	Accounting Fees	\$133,141	\$159,818	\$26,677	20%
2	Legal Fees	\$313,618	\$336,018	\$22,400	7%
3	Consulting Fees	\$154,067	\$226,273	\$72,206	47%
4	Dues and Membership	\$117,045	\$113,508	(\$3,537)	-3%
5	Equipment Leases	\$164,199	\$192,325	\$28,126	17%
6	Building Leases	\$270,791	\$241,965	(\$28,826)	-11%
7	Repairs and Maintenance	\$735,831	\$820,776	\$84,945	12%
8	Insurance	\$271,227	\$315,407	\$44,180	16%
9	Travel	\$14,578	\$18,474	\$3,896	27%
10	Conferences	\$3,006	\$4,748	\$1,742	58%
11	Property Tax	\$81	\$3,503	\$3,422	4225%
12	General Supplies	\$177,180	\$199,540	\$22,360	13%

ROCKVILLE GENERAL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2010 REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	%
13	Licenses and Subscriptions	\$120,212	\$162,851	\$42,639	35%
14	Postage and Shipping	\$10,414	\$4,745	(\$5,669)	-54%
15	Advertising	\$135,483	\$212,179	\$76,696	57%
16	Other Business Expenses	\$4,355,029	\$3,685,489	(\$669,540)	-15%
	Total Business Expenses	\$6,975,902	\$6,697,619	(\$278,283)	-4%
K.	Other Operating Expense:				
1	Miscellaneous Other Operating Expenses	\$0	\$0	\$0	0%
	Total Operating Expenses - All Expense Categories*	\$66,239,259	\$65,883,977	(\$355,282)	-1%
*A.- K. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.					
II.	OPERATING EXPENSE BY DEPARTMENT				
A.	General Services:				
1	General Administration	\$1,941,628	\$1,772,650	(\$168,978)	-9%
2	General Accounting	\$834,097	\$728,533	(\$105,564)	-13%
3	Patient Billing & Collection	\$445,571	\$429,427	(\$16,144)	-4%
4	Admitting / Registration Office	\$541,859	\$417,897	(\$123,962)	-23%
5	Data Processing	\$1,702,458	\$1,781,726	\$79,268	5%
6	Communications	\$761,296	\$625,496	(\$135,800)	-18%
7	Personnel	\$5,561,286	\$5,843,912	\$282,626	5%
8	Public Relations	\$21	\$0	(\$21)	-100%
9	Purchasing	\$272,559	\$206,094	(\$66,465)	-24%
10	Dietary and Cafeteria	\$1,087,742	\$1,073,998	(\$13,744)	-1%
11	Housekeeping	\$830,501	\$777,770	(\$52,731)	-6%
12	Laundry & Linen	\$300,958	\$340,623	\$39,665	13%
13	Operation of Plant	\$1,133,006	\$1,089,465	(\$43,541)	-4%
14	Security	\$432,070	\$369,340	(\$62,730)	-15%
15	Repairs and Maintenance	\$680,786	\$702,853	\$22,067	3%
16	Central Sterile Supply	\$325,183	\$157,972	(\$167,211)	-51%
17	Pharmacy Department	\$1,841,710	\$1,935,770	\$94,060	5%
18	Other General Services	\$13,617,578	\$13,257,533	(\$360,045)	-3%
	Total General Services	\$32,310,309	\$31,511,059	(\$799,250)	-2%
B.	Professional Services:				
1	Medical Care Administration	\$2,299,705	\$2,547,859	\$248,154	11%
2	Residency Program	\$0	\$0	\$0	0%
3	Nursing Services Administration	\$286,161	\$206,922	(\$79,239)	-28%
4	Medical Records	\$830,507	\$804,105	(\$26,402)	-3%
5	Social Service	\$40,257	\$43,507	\$3,250	8%
6	Other Professional Services	\$0	\$0	\$0	0%
	Total Professional Services	\$3,456,630	\$3,602,393	\$145,763	4%
C.	Special Services:				
1	Operating Room	\$4,885,465	\$5,082,009	\$196,544	4%
2	Recovery Room	\$439,216	\$462,343	\$23,127	5%
3	Anesthesiology	\$313,089	\$310,617	(\$2,472)	-1%
4	Delivery Room	\$1,035,100	\$1,023,262	(\$11,838)	-1%
5	Diagnostic Radiology	\$1,117,622	\$1,327,988	\$210,366	19%
6	Diagnostic Ultrasound	\$276,468	\$260,681	(\$15,787)	-6%
7	Radiation Therapy	\$0	\$0	\$0	0%
8	Radioisotopes	\$237,575	\$198,550	(\$39,025)	-16%
9	CT Scan	\$398,396	\$385,094	(\$13,302)	-3%
10	Laboratory	\$3,663,411	\$3,373,157	(\$290,254)	-8%
11	Blood Storing/Processing	\$0	\$0	\$0	0%
12	Cardiology	\$1,151,604	\$1,197,670	\$46,066	4%
13	Electrocardiology	\$123,527	\$131,048	\$7,521	6%
14	Electroencephalography	\$25,324	\$21,118	(\$4,206)	-17%
15	Occupational Therapy	\$0	\$0	\$0	0%

ROCKVILLE GENERAL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2010 REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	%
16	Speech Pathology	\$45,547	\$40,684	(\$4,863)	-11%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$0	\$0	\$0	0%
19	Pulmonary Function	\$0	\$0	\$0	0%
20	Intravenous Therapy	\$39,888	\$40,374	\$486	1%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$0	\$0	\$0	0%
23	Renal Dialysis	\$150,011	\$108,657	(\$41,354)	-28%
24	Emergency Room	\$4,763,170	\$4,775,928	\$12,758	0%
25	MRI	\$194,248	\$193,260	(\$988)	-1%
26	PET Scan	\$0	\$0	\$0	0%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$850,377	\$918,064	\$67,687	8%
29	Sleep Center	\$0	\$0	\$0	0%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$51,856	\$0	(\$51,856)	-100%
32	Occupational Therapy / Physical Therapy	\$1,506,680	\$1,694,905	\$188,225	12%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$1,216,838	\$1,258,239	\$41,401	3%
	Total Special Services	\$22,485,412	\$22,803,648	\$318,236	1%
D.	Routine Services:				
1	Medical & Surgical Units	\$4,042,585	\$3,995,213	(\$47,372)	-1%
2	Intensive Care Unit	\$1,951,615	\$2,050,015	\$98,400	5%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$0	\$0	\$0	0%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$1,035,100	\$1,023,262	(\$11,838)	-1%
7	Newborn Nursery Unit	\$0	\$0	\$0	0%
8	Neonatal ICU	\$0	\$0	\$0	0%
9	Rehabilitation Unit	\$0	\$0	\$0	0%
10	Ambulatory Surgery	\$477,139	\$485,736	\$8,597	2%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$0	\$0	\$0	0%
13	Other Routine Services	\$480,469	\$412,651	(\$67,818)	-14%
	Total Routine Services	\$7,986,908	\$7,966,877	(\$20,031)	0%
E.	Other Departments:				
1	Miscellaneous Other Departments	\$0	\$0	\$0	0%
	Total Operating Expenses - All Departments*	\$66,239,259	\$65,883,977	(\$355,282)	-1%
*A.- 0. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.					

ROCKVILLE GENERAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	ACTUAL FY 2010
A. <u>Statement of Operations Summary</u>				
1	Total Net Patient Revenue	\$61,803,014	\$ 64,940,252	\$64,174,022
2	Other Operating Revenue	5,994,161	5,040,949	5,266,293
3	Total Operating Revenue	\$67,797,175	\$69,981,201	\$69,440,315
4	Total Operating Expenses	65,930,398	66,239,259	65,883,977
5	Income/(Loss) From Operations	\$1,866,777	\$3,741,942	\$3,556,338
6	Total Non-Operating Revenue	(2,816,371)	(2,380,797)	(468,466)
7	Excess/(Deficiency) of Revenue Over Expenses	(\$949,594)	\$1,361,145	\$3,087,872
B. <u>Profitability Summary</u>				
1	Hospital Operating Margin	2.87%	5.54%	5.16%
2	Hospital Non Operating Margin	-4.33%	-3.52%	-0.68%
3	Hospital Total Margin	-1.46%	2.01%	4.48%
4	Income/(Loss) From Operations	\$1,866,777	\$3,741,942	\$3,556,338
5	Total Operating Revenue	\$67,797,175	\$69,981,201	\$69,440,315
6	Total Non-Operating Revenue	(\$2,816,371)	(\$2,380,797)	(\$468,466)
7	Total Revenue	\$64,980,804	\$67,600,404	\$68,971,849
8	Excess/(Deficiency) of Revenue Over Expenses	(\$949,594)	\$1,361,145	\$3,087,872
C. <u>Net Assets Summary</u>				
1	Hospital Unrestricted Net Assets	\$36,356,992	\$31,533,927	\$33,744,284
2	Hospital Total Net Assets	\$41,762,068	\$36,462,215	\$38,664,631
3	Hospital Change in Total Net Assets	(\$6,241,694)	(\$5,299,853)	\$2,202,416
4	Hospital Change in Total Net Assets %	87.0%	-12.7%	6.0%
D. <u>Cost Data Summary</u>				
1	Ratio of Cost to Charges	0.45	0.45	0.43
2	Total Operating Expenses	\$63,189,543	\$66,239,259	\$65,883,977
3	Total Gross Revenue	\$135,988,502	\$140,926,612	\$147,134,140
4	Total Other Operating Revenue	\$5,987,103	\$5,040,949	\$5,266,293
5	Private Payment to Cost Ratio	1.20	1.21	1.22
6	Total Non-Government Payments	\$32,631,177	\$31,668,801	\$30,009,695
7	Total Uninsured Payments	\$1,302,329	\$1,520,807	\$925,381
8	Total Non-Government Charges	\$62,694,129	\$60,439,596	\$60,244,853
9	Total Uninsured Charges	\$4,139,736	\$5,402,039	\$5,219,611

ROCKVILLE GENERAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	ACTUAL FY 2010
10	<u>Medicare Payment to Cost Ratio</u>	0.85	0.84	0.86
11	Total Medicare Payments	\$21,203,302	\$23,386,057	\$23,252,360
12	Total Medicare Charges	\$56,160,098	\$61,077,560	\$62,322,233
13	<u>Medicaid Payment to Cost Ratio</u>	0.72	0.74	0.70
14	Total Medicaid Payments	\$4,256,154	\$5,044,590	\$5,933,583
15	Total Medicaid Charges	\$13,359,115	\$14,953,869	\$19,590,950
16	<u>Uncompensated Care Cost</u>	\$1,632,207	\$2,009,230	\$1,890,942
17	Charity Care	\$926,423	\$550,997	\$772,244
18	Bad Debts	\$2,740,855	\$3,876,624	\$3,601,814
19	Total Uncompensated Care	\$3,667,278	\$4,427,621	\$4,374,058
20	<u>Uncompensated Care % of Total Expenses</u>	2.6%	3.0%	2.9%
21	Total Operating Expenses	\$63,189,543	\$66,239,259	\$65,883,977
E. <u>Liquidity Measures Summary</u>				
1	<u>Current Ratio</u>	1.70	1.84	1.73
2	Total Current Assets	\$30,307,123	\$29,484,399	\$32,952,356
3	Total Current Liabilities	\$17,793,870	\$16,014,846	\$19,004,762
4	<u>Days Cash on Hand</u>	17	35	34
5	Cash and Cash Equivalents	\$2,961,001	\$5,978,582	\$5,837,411
6	Short Term Investments	0	0	0
7	Total Cash and Short Term Investments	\$2,961,001	\$5,978,582	\$5,837,411
8	Total Operating Expenses	\$65,930,398	\$66,239,259	\$65,883,977
9	Depreciation Expense	\$4,020,822	\$3,982,798	\$3,824,200
10	Operating Expenses less Depreciation Expense	\$61,909,576	\$62,256,461	\$62,059,777
11	<u>Days Revenue in Patient Accounts Receivable</u>	62.68	56.04	56.22
12	Net Patient Accounts Receivable	\$ 9,591,444	\$ 9,336,815	\$ 9,664,890
13	Due From Third Party Payers	\$1,558,509	\$976,533	\$361,514
14	Due To Third Party Payers	\$536,720	\$343,065	\$142,494
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 10,613,233	\$ 9,970,283	\$ 9,883,910
16	Total Net Patient Revenue	\$61,803,014	\$ 64,940,252	\$ 64,174,022

ROCKVILLE GENERAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	ACTUAL FY 2010
17	<u>Average Payment Period</u>	104.91	93.89	111.78
18	Total Current Liabilities	\$17,793,870	\$16,014,846	\$19,004,762
19	Total Operating Expenses	\$65,930,398	\$66,239,259	\$65,883,977
20	Depreciation Expense	\$4,020,822	\$3,982,798	\$3,824,200
21	Total Operating Expenses less Depreciation Expense	\$61,909,576	\$62,256,461	\$62,059,777
F. Solvency Measures Summary				
1	<u>Equity Financing Ratio</u>	44.5	40.1	40.9
2	Total Net Assets	\$41,762,068	\$36,462,215	\$38,664,631
3	Total Assets	\$93,948,515	\$90,901,043	\$94,488,678
4	<u>Cash Flow to Total Debt Ratio</u>	6.9	12.9	16.1
5	Excess/(Deficiency) of Revenues Over Expenses	(\$949,594)	\$1,361,145	\$3,087,872
6	Depreciation Expense	\$4,020,822	\$3,982,798	\$3,824,200
7	Excess of Revenues Over Expenses and Depreciation Expense	\$3,071,228	\$5,343,943	\$6,912,072
8	Total Current Liabilities	\$17,793,870	\$16,014,846	\$19,004,762
9	Total Long Term Debt	\$26,599,969	\$25,255,757	\$23,896,681
10	Total Current Liabilities and Total Long Term Debt	\$44,393,839	\$41,270,603	\$42,901,443
11	<u>Long Term Debt to Capitalization Ratio</u>	38.9	40.9	38.2
12	Total Long Term Debt	\$26,599,969	\$25,255,757	\$23,896,681
13	Total Net Assets	\$41,762,068	\$36,462,215	\$38,664,631
14	Total Long Term Debt and Total Net Assets	\$68,362,037	\$61,717,972	\$62,561,312
15	<u>Debt Service Coverage Ratio</u>	3.1	1.0	3.0
16	Excess Revenues over Expenses	(\$949,594)	\$1,361,145	\$3,087,872
17	Interest Expense	\$1,464,243	\$1,275,285	\$1,507,868
18	Depreciation and Amortization Expense	\$4,020,822	\$3,982,798	\$3,824,200
19	Principal Payments	\$0	\$5,228,534	\$1,346,163
G. Other Financial Ratios				
20	<u>Average Age of Plant</u>	12.4	12.9	14.4
21	Accumulated Depreciation	\$49,988,274	\$51,499,588	\$55,094,113
22	Depreciation and Amortization Expense	\$4,020,822	\$3,982,798	\$3,824,200

ROCKVILLE GENERAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	ACTUAL FY 2010
H. Utilization Measures Summary				
1	Patient Days	15,185	15,355	14,180
2	Discharges	3,539	3,510	3,386
3	ALOS	4.3	4.4	4.2
4	Staffed Beds	66	66	66
5	Available Beds	-	118	118
6	Licensed Beds	118	118	118
6	Occupancy of Staffed Beds	63.0%	63.7%	58.9%
7	Occupancy of Available Beds	35.3%	35.7%	32.9%
8	Full Time Equivalent Employees	443.2	444.0	422.7
I. Hospital Gross Revenue Payer Mix Percentage				
1	Non-Government Gross Revenue Payer Mix Percentage	43.1%	39.1%	37.4%
2	Medicare Gross Revenue Payer Mix Percentage	41.3%	43.3%	42.4%
3	Medicaid Gross Revenue Payer Mix Percentage	9.8%	10.6%	13.3%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	2.5%	2.9%	2.9%
5	Uninsured Gross Revenue Payer Mix Percentage	3.0%	3.8%	3.5%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.2%	0.2%	0.5%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$58,554,393	\$55,037,557	\$55,025,242
9	Medicare Gross Revenue (Charges)	\$56,160,098	\$61,077,560	\$62,322,233
10	Medicaid Gross Revenue (Charges)	\$13,359,115	\$14,953,869	\$19,590,950
11	Other Medical Assistance Gross Revenue (Charges)	\$3,445,843	\$4,134,642	\$4,305,157
12	Uninsured Gross Revenue (Charges)	\$4,139,736	\$5,402,039	\$5,219,611
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$329,317	\$320,945	\$670,947
14	Total Gross Revenue (Charges)	\$135,988,502	\$140,926,612	\$147,134,140
J. Hospital Net Revenue Payer Mix Percentage				
1	Non-Government Net Revenue Payer Mix Percentage	53.3%	49.6%	48.3%
2	Medicare Net Revenue Payer Mix Percentage	36.1%	38.5%	38.6%
3	Medicaid Net Revenue Payer Mix Percentage	7.2%	8.3%	9.8%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	0.8%	0.8%	1.2%
5	Uninsured Net Revenue Payer Mix Percentage	2.2%	2.5%	1.5%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.4%	0.3%	0.6%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$31,328,848	\$30,147,994	\$29,084,314
9	Medicare Net Revenue (Payments)	\$21,203,302	\$23,386,057	\$23,252,360
10	Medicaid Net Revenue (Payments)	\$4,256,154	\$5,044,590	\$5,933,583
11	Other Medical Assistance Net Revenue (Payments)	\$441,660	\$491,421	\$702,894
12	Uninsured Net Revenue (Payments)	\$1,302,329	\$1,520,807	\$925,381
13	CHAMPUS / TRICARE Net Revenue Payments)	\$215,117	\$183,677	\$346,106

ROCKVILLE GENERAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2008	FY 2009	FY 2010
14	Total Net Revenue (Payments)	\$58,747,410	\$60,774,546	\$60,244,638
K. Discharges				
1	Non-Government (Including Self Pay / Uninsured)	1,374	1,190	1,129
2	Medicare	1,600	1,766	1,595
3	Medical Assistance	554	546	645
4	Medicaid	486	458	548
5	Other Medical Assistance	68	88	97
6	CHAMPUS / TRICARE	11	8	17
7	Uninsured (Included In Non-Government)	64	63	65
8	Total	3,539	3,510	3,386
L. Case Mix Index				
1	Non-Government (Including Self Pay / Uninsured)	1.077520	1.026770	1.075900
2	Medicare	1.394830	1.464480	1.428300
3	Medical Assistance	0.807325	0.883824	0.872450
4	Medicaid	0.763920	0.805490	0.800000
5	Other Medical Assistance	1.117550	1.291520	1.281760
6	CHAMPUS / TRICARE	0.617650	0.959670	1.007000
7	Uninsured (Included In Non-Government)	1.473070	1.004200	1.013480
8	Total Case Mix Index	1.177251	1.224607	1.202799
M. Emergency Department Visits				
1	Emergency Room - Treated and Admitted	2,245	2,337	2,136
2	Emergency Room - Treated and Discharged	22,683	23,608	23,873
3	Total Emergency Room Visits	24,928	25,945	26,009

ROCKVILLE GENERAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. MEDICARE MANAGED CARE					
A. ANTHEM - MEDICARE BLUE CONNECTICUT					
1	Inpatient Charges	\$8,962	\$56,221	\$47,259	527%
2	Inpatient Payments	\$8,541	\$53,914	\$45,373	531%
3	Outpatient Charges	\$68,647	\$58,153	(\$10,494)	-15%
4	Outpatient Payments	\$25,476	\$17,967	(\$7,509)	-29%
5	Discharges	1	3	2	200%
6	Patient Days	2	18	16	800%
7	Outpatient Visits (Excludes ED Visits)	41	26	(15)	-37%
8	Emergency Department Outpatient Visits	12	14	2	17%
9	Emergency Department Inpatient Admissions	1	3	2	200%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$77,609	\$114,374	\$36,765	47%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$34,017	\$71,881	\$37,864	111%
B. CIGNA HEALTHCARE					
1	Inpatient Charges	\$0	\$10,842	\$10,842	0%
2	Inpatient Payments	\$0	\$2,988	\$2,988	0%
3	Outpatient Charges	\$0	\$16,202	\$16,202	0%
4	Outpatient Payments	\$0	\$4,781	\$4,781	0%
5	Discharges	0	1	1	0%
6	Patient Days	0	3	3	0%
7	Outpatient Visits (Excludes ED Visits)	0	9	9	0%
8	Emergency Department Outpatient Visits	0	1	1	0%
9	Emergency Department Inpatient Admissions	0	1	1	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$27,044	\$27,044	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$7,769	\$7,769	0%
C. CONNECTICARE, INC.					
1	Inpatient Charges	\$1,123,520	\$1,044,641	(\$78,879)	-7%
2	Inpatient Payments	\$461,360	\$467,074	\$5,714	1%
3	Outpatient Charges	\$851,907	\$1,267,655	\$415,748	49%
4	Outpatient Payments	\$249,450	\$344,886	\$95,436	38%
5	Discharges	48	58	10	21%
6	Patient Days	242	229	(13)	-5%
7	Outpatient Visits (Excludes ED Visits)	559	694	135	24%
8	Emergency Department Outpatient Visits	102	150	48	47%
9	Emergency Department Inpatient Admissions	38	44	6	16%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,975,427	\$2,312,296	\$336,869	17%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$710,810	\$811,960	\$101,150	14%

ROCKVILLE GENERAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
D. HEALTHNET OF CONNECTICUT					
1	Inpatient Charges	\$2,119,643	\$3,420,513	\$1,300,870	61%
2	Inpatient Payments	\$913,265	\$1,407,583	\$494,318	54%
3	Outpatient Charges	\$2,142,498	\$2,354,089	\$211,591	10%
4	Outpatient Payments	\$614,957	\$664,295	\$49,338	8%
5	Discharges	130	139	9	7%
6	Patient Days	542	722	180	33%
7	Outpatient Visits (Excludes ED Visits)	1,263	1,274	11	1%
8	Emergency Department Outpatient Visits	281	307	26	9%
9	Emergency Department Inpatient Admissions	101	115	14	14%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$4,262,141	\$5,774,602	\$1,512,461	35%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,528,222	\$2,071,878	\$543,656	36%
E. OTHER MEDICARE MANAGED CARE					
1	Inpatient Charges	\$438,253	\$739,514	\$301,261	69%
2	Inpatient Payments	\$197,214	\$332,781	\$135,567	69%
3	Outpatient Charges	\$274,206	\$426,466	\$152,260	56%
4	Outpatient Payments	\$89,320	\$121,466	\$32,146	36%
5	Discharges	23	27	4	17%
6	Patient Days	118	156	38	32%
7	Outpatient Visits (Excludes ED Visits)	142	203	61	43%
8	Emergency Department Outpatient Visits	56	92	36	64%
9	Emergency Department Inpatient Admissions	18	25	7	39%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$712,459	\$1,165,980	\$453,521	64%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$286,534	\$454,247	\$167,713	59%
F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

ROCKVILLE GENERAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
G. UNITED HEALTHCARE INSURANCE COMPANY					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
H. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$179,042	\$227,740	\$48,698	27%
2	Inpatient Payments	\$62,326	\$91,221	\$28,895	46%
3	Outpatient Charges	\$232,559	\$291,515	\$58,956	25%
4	Outpatient Payments	\$79,825	\$84,897	\$5,072	6%
5	Discharges	9	13	4	44%
6	Patient Days	50	61	11	22%
7	Outpatient Visits (Excludes ED Visits)	110	106	(4)	-4%
8	Emergency Department Outpatient Visits	52	64	12	23%
9	Emergency Department Inpatient Admissions	9	11	2	22%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$411,601	\$519,255	\$107,654	26%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$142,151	\$176,118	\$33,967	24%
I. AETNA					
1	Inpatient Charges	\$429,826	\$632,624	\$202,798	47%
2	Inpatient Payments	\$167,802	\$289,520	\$121,718	73%
3	Outpatient Charges	\$457,775	\$456,451	(\$1,324)	0%
4	Outpatient Payments	\$154,346	\$127,343	(\$27,003)	-17%
5	Discharges	21	24	3	14%
6	Patient Days	119	120	1	1%
7	Outpatient Visits (Excludes ED Visits)	289	244	(45)	-16%
8	Emergency Department Outpatient Visits	60	61	1	2%
9	Emergency Department Inpatient Admissions	18	18	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$887,601	\$1,089,075	\$201,474	23%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$322,148	\$416,863	\$94,715	29%

ROCKVILLE GENERAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
J. HUMANA					
1	Inpatient Charges	\$43,500	\$21,993	(\$21,507)	-49%
2	Inpatient Payments	\$20,652	\$10,778	(\$9,874)	-48%
3	Outpatient Charges	\$33,435	\$30,486	(\$2,949)	-9%
4	Outpatient Payments	\$11,535	\$9,863	(\$1,672)	-14%
5	Discharges	2	1	(1)	-50%
6	Patient Days	4	3	(1)	-25%
7	Outpatient Visits (Excludes ED Visits)	20	13	(7)	-35%
8	Emergency Department Outpatient Visits	11	4	(7)	-64%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$76,935	\$52,479	(\$24,456)	-32%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$32,187	\$20,641	(\$11,546)	-36%
K. SECURE HORIZONS					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
L. UNICARE LIFE & HEALTH INSURANCE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

ROCKVILLE GENERAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
M. UNIVERSAL AMERICAN					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
N. EVERCARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
II. TOTAL MEDICARE MANAGED CARE					
	TOTAL INPATIENT CHARGES	\$4,342,746	\$6,154,088	\$1,811,342	42%
	TOTAL INPATIENT PAYMENTS	\$1,831,160	\$2,655,859	\$824,699	45%
	TOTAL OUTPATIENT CHARGES	\$4,061,027	\$4,901,017	\$839,990	21%
	TOTAL OUTPATIENT PAYMENTS	\$1,224,909	\$1,375,498	\$150,589	12%
	TOTAL DISCHARGES	234	266	32	14%
	TOTAL PATIENT DAYS	1,077	1,312	235	22%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	2,424	2,569	145	6%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	574	693	119	21%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	185	217	32	17%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$8,403,773	\$11,055,105	\$2,651,332	32%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$3,056,069	\$4,031,357	\$975,288	32%

ROCKVILLE GENERAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. MEDICAID MANAGED CARE					
A. ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT					
1	Inpatient Charges	\$579,549	\$0	(\$579,549)	-100%
2	Inpatient Payments	\$149,923	\$0	(\$149,923)	-100%
3	Outpatient Charges	\$1,498,519	\$0	(\$1,498,519)	-100%
4	Outpatient Payments	\$259,846	\$0	(\$259,846)	-100%
5	Discharges	66	0	(66)	-100%
6	Patient Days	182	0	(182)	-100%
7	Outpatient Visits (Excludes ED Visits)	987	0	(987)	-100%
8	Emergency Department Outpatient Visits	780	0	(780)	-100%
9	Emergency Department Inpatient Admissions	19	0	(19)	-100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$2,078,068	\$0	(\$2,078,068)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$409,769	\$0	(\$409,769)	-100%
B. COMMUNITY HEALTH NETWORK OF CT					
1	Inpatient Charges	\$1,719,016	\$1,686,541	(\$32,475)	-2%
2	Inpatient Payments	\$492,929	\$493,844	\$915	0%
3	Outpatient Charges	\$3,310,377	\$4,981,281	\$1,670,904	50%
4	Outpatient Payments	\$1,033,833	\$1,439,420	\$405,587	39%
5	Discharges	164	213	49	30%
6	Patient Days	519	558	39	8%
7	Outpatient Visits (Excludes ED Visits)	2,180	2,825	645	30%
8	Emergency Department Outpatient Visits	1,757	2,561	804	46%
9	Emergency Department Inpatient Admissions	23	38	15	65%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$5,029,393	\$6,667,822	\$1,638,429	33%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,526,762	\$1,933,264	\$406,502	27%
C. HEALTHNET OF THE NORTHEAST, INC.					
1	Inpatient Charges	\$383,850	\$0	(\$383,850)	-100%
2	Inpatient Payments	\$326,872	\$0	(\$326,872)	-100%
3	Outpatient Charges	\$732,877	\$0	(\$732,877)	-100%
4	Outpatient Payments	\$493,342	\$0	(\$493,342)	-100%
5	Discharges	33	0	(33)	-100%
6	Patient Days	126	0	(126)	-100%
7	Outpatient Visits (Excludes ED Visits)	488	0	(488)	-100%
8	Emergency Department Outpatient Visits	401	0	(401)	-100%
9	Emergency Department Inpatient Admissions	7	0	(7)	-100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,116,727	\$0	(\$1,116,727)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$820,214	\$0	(\$820,214)	-100%

ROCKVILLE GENERAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
D. OTHER MEDICAID MANAGED CARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
E. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
F. FIRST CHOICE OF CONNECTICUT, PREFERRED ONE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%

ROCKVILLE GENERAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
G. UNITED HEALTHCARE					
1	Inpatient Charges	\$237,653	\$430,398	\$192,745	81%
2	Inpatient Payments	\$79,890	\$209,533	\$129,643	162%
3	Outpatient Charges	\$536,212	\$1,571,219	\$1,035,007	193%
4	Outpatient Payments	\$151,308	\$426,237	\$274,929	182%
5	Discharges	25	72	47	188%
6	Patient Days	86	168	82	95%
7	Outpatient Visits (Excludes ED Visits)	296	843	547	185%
8	Emergency Department Outpatient Visits	345	789	444	129%
9	Emergency Department Inpatient Admissions	6	5	(1)	-17%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$773,865	\$2,001,617	\$1,227,752	159%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$231,198	\$635,770	\$404,572	175%
H. AETNA					
1	Inpatient Charges	\$357,655	\$1,286,641	\$928,986	260%
2	Inpatient Payments	\$160,086	\$562,427	\$402,341	251%
3	Outpatient Charges	\$1,602,265	\$3,434,312	\$1,832,047	114%
4	Outpatient Payments	\$571,672	\$651,358	\$79,686	14%
5	Discharges	67	136	69	103%
6	Patient Days	162	402	240	148%
7	Outpatient Visits (Excludes ED Visits)	869	1,889	1,020	117%
8	Emergency Department Outpatient Visits	832	1,629	797	96%
9	Emergency Department Inpatient Admissions	3	20	17	567%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,959,920	\$4,720,953	\$2,761,033	141%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$731,758	\$1,213,785	\$482,027	66%
II. TOTAL MEDICAID MANAGED CARE					
	TOTAL INPATIENT CHARGES	\$3,277,723	\$3,403,580	\$125,857	4%
	TOTAL INPATIENT PAYMENTS	\$1,209,700	\$1,265,804	\$56,104	5%
	TOTAL OUTPATIENT CHARGES	\$7,680,250	\$9,986,812	\$2,306,562	30%
	TOTAL OUTPATIENT PAYMENTS	\$2,510,001	\$2,517,015	\$7,014	0%
	TOTAL DISCHARGES	355	421	66	19%
	TOTAL PATIENT DAYS	1,075	1,128	53	5%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	4,820	5,557	737	15%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	4,115	4,979	864	21%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	58	63	5	9%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$10,957,973	\$13,390,392	\$2,432,419	22%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$3,719,701	\$3,782,819	\$63,118	2%

EASTERN CT HEALTH NETWORK , INC					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009	FY 2010	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$28,001,547	\$19,538,406	(\$8,463,141)	-30%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$38,270,688	\$39,298,163	\$1,027,475	3%
4	Current Assets Whose Use is Limited for Current Liabilities	\$1,277,330	\$1,222,858	(\$54,472)	-4%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$1,491,255	\$721,274	(\$769,981)	-52%
7	Inventories of Supplies	\$3,421,510	\$4,115,275	\$693,765	20%
8	Prepaid Expenses	\$1,138,714	\$5,214,799	\$4,076,085	358%
9	Other Current Assets	\$4,663,853	\$0	(\$4,663,853)	-100%
	Total Current Assets	\$78,264,897	\$70,110,775	(\$8,154,122)	-10%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$6,793,869	\$7,003,197	\$209,328	3%
2	Board Designated for Capital Acquisition	\$4,947,207	\$4,944,754	(\$2,453)	0%
3	Funds Held in Escrow	\$8,243,340	\$11,193,777	\$2,950,437	36%
4	Other Noncurrent Assets Whose Use is Limited	\$29,370,191	\$34,848,359	\$5,478,168	19%
	Total Noncurrent Assets Whose Use is Limited:	\$49,354,607	\$57,990,087	\$8,635,480	17%
5	Interest in Net Assets of Foundation	\$9,872,146	\$0	(\$9,872,146)	-100%
6	Long Term Investments	\$14,014,738	\$26,454,373	\$12,439,635	89%
7	Other Noncurrent Assets	\$8,819,270	\$11,421,625	\$2,602,355	30%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$282,927,246	\$290,908,003	\$7,980,757	3%
2	Less: Accumulated Depreciation	\$182,579,690	\$194,035,440	\$11,455,750	\$0
	Property, Plant and Equipment, Net	\$100,347,556	\$96,872,563	(\$3,474,993)	-3%
3	Construction in Progress	\$959,544	\$487,299	(\$472,245)	-49%
	Total Net Fixed Assets	\$101,307,100	\$97,359,862	(\$3,947,238)	-4%
	Total Assets	\$261,632,758	\$263,336,722	\$1,703,964	1%

EASTERN CT HEALTH NETWORK , INC					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009	FY 2010	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$24,041,903	\$22,292,837	(\$1,749,066)	-7%
2	Salaries, Wages and Payroll Taxes	\$3,564,050	\$3,978,870	\$414,820	12%
3	Due To Third Party Payers	\$885,738	\$423,893	(\$461,845)	-52%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$7,569,914	\$9,778,518	\$2,208,604	29%
6	Current Portion of Notes Payable	\$2,159,000	\$2,216,000	\$57,000	3%
7	Other Current Liabilities	\$5,325,724	\$11,650,449	\$6,324,725	119%
	Total Current Liabilities	\$43,546,329	\$50,340,567	\$6,794,238	16%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$79,850,623	\$77,603,579	(\$2,247,044)	-3%
2	Notes Payable (Net of Current Portion)	\$5,449,948	\$4,129,503	(\$1,320,445)	-24%
	Total Long Term Debt	\$85,300,571	\$81,733,082	(\$3,567,489)	-4%
3	Accrued Pension Liability	\$49,853,992	\$51,990,994	\$2,137,002	4%
4	Other Long Term Liabilities	\$7,498,190	\$7,795,597	\$297,407	4%
	Total Long Term Liabilities	\$142,652,753	\$141,519,673	(\$1,133,080)	-1%
5	Interest in Net Assets of Affiliates or Joint	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$59,586,141	\$54,654,325	(\$4,931,816)	-8%
2	Temporarily Restricted Net Assets	\$4,654,617	\$5,411,388	\$756,771	16%
3	Permanently Restricted Net Assets	\$11,192,918	\$11,410,769	\$217,851	2%
	Total Net Assets	\$75,433,676	\$71,476,482	(\$3,957,194)	-5%
	Total Liabilities and Net Assets	\$261,632,758	\$263,336,722	\$1,703,964	1%

EASTERN CT HEALTH NETWORK , INC					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 350 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009	FY 2010	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$609,586,123	\$634,778,869	\$25,192,746	4%
2	Less: Allowances	\$346,213,373	\$368,952,121	\$22,738,748	7%
3	Less: Charity Care	\$1,969,726	\$3,008,857	\$1,039,131	53%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$261,403,024	\$262,817,891	\$1,414,867	1%
5	Other Operating Revenue	\$16,628,943	\$17,287,740	\$658,797	4%
6	Net Assets Released from Restrictions	\$283,705	\$539,109	\$255,404	90%
	Total Operating Revenue	\$278,315,672	\$280,644,740	\$2,329,068	1%
B. Operating Expenses:					
1	Salaries and Wages	\$129,751,717	\$131,183,113	\$1,431,396	1%
2	Fringe Benefits	\$32,090,035	\$32,963,007	\$872,972	3%
3	Physicians Fees	\$8,097,250	\$9,010,309	\$913,059	11%
4	Supplies and Drugs	\$72,387,201	\$72,422,658	\$35,457	0%
5	Depreciation and Amortization	\$12,231,958	\$12,555,983	\$324,025	3%
6	Bad Debts	\$12,652,590	\$11,481,356	(\$1,171,234)	-9%
7	Interest	\$3,985,420	\$4,489,986	\$504,566	13%
8	Malpractice	\$0	\$0	\$0	0%
9	Other Operating Expenses	\$0	\$0	\$0	0%
	Total Operating Expenses	\$271,196,171	\$274,106,412	\$2,910,241	1%
	Income/(Loss) From Operations	\$7,119,501	\$6,538,328	(\$581,173)	-8%
C. Non-Operating Revenue:					
1	Income from Investments	(\$1,799,355)	\$31,935	\$1,831,290	-102%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$2,104,093)	(\$1,817,438)	\$286,655	-14%
	Total Non-Operating Revenue	(\$3,903,448)	(\$1,785,503)	\$2,117,945	-54%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$3,216,053	\$4,752,825	\$1,536,772	48%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses	\$3,216,053	\$4,752,825	\$1,536,772	48%

EASTERN CT HEALTH NETWORK , INC

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2010

REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS

(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2008	FY 2009	FY 2010
A. Parent Corporation Statement of Operations Summary				
1	Net Patient Revenue	\$247,269,909	\$261,403,024	\$262,817,891
2	Other Operating Revenue	19,824,310	16,912,648	17,826,849
3	Total Operating Revenue	\$267,094,219	\$278,315,672	\$280,644,740
4	Total Operating Expenses	258,660,107	271,196,171	274,106,412
5	Income/(Loss) From Operations	\$8,434,112	\$7,119,501	\$6,538,328
6	Total Non-Operating Revenue	(3,459,289)	(3,903,448)	(1,785,503)
7	Excess/(Deficiency) of Revenue Over Expenses	\$4,974,823	\$3,216,053	\$4,752,825
B. Parent Corporation Profitability Summary				
1	Parent Corporation Operating Margin	3.20%	2.59%	2.34%
2	Parent Corporation Non-Operating Margin	-1.31%	-1.42%	-0.64%
3	Parent Corporation Total Margin	1.89%	1.17%	1.70%
4	Income/(Loss) From Operations	\$8,434,112	\$7,119,501	\$6,538,328
5	Total Operating Revenue	\$267,094,219	\$278,315,672	\$280,644,740
6	Total Non-Operating Revenue	(\$3,459,289)	(\$3,903,448)	(\$1,785,503)
7	Total Revenue	\$263,634,930	\$274,412,224	\$278,859,237
8	Excess/(Deficiency) of Revenue Over Expenses	\$4,974,823	\$3,216,053	\$4,752,825
C. Parent Corporation Net Assets Summary				
1	Parent Corporation Unrestricted Net Assets	\$77,487,476	\$59,586,141	\$54,654,325
2	Parent Corporation Total Net Assets	\$95,498,582	\$75,433,676	\$71,476,482
3	Parent Corporation Change in Total Net Assets	(\$4,593,972)	(\$20,064,906)	(\$3,957,194)
4	Parent Corporation Change in Total Net Assets %	95.4%	-21.0%	-5.2%

EASTERN CT HEALTH NETWORK , INC

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2010

REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS

(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2008	FY 2009	FY 2010
D. Liquidity Measures Summary				
1	Current Ratio	1.48	1.80	1.39
2	Total Current Assets	\$70,607,081	\$78,264,897	\$70,110,775
3	Total Current Liabilities	\$47,851,448	\$43,546,329	\$50,340,567
4	Days Cash on Hand	28	39	27
5	Cash and Cash Equivalents	\$19,069,672	\$28,001,547	\$19,538,406
6	Short Term Investments	0	0	0
7	Total Cash and Short Term Investments	\$19,069,672	\$28,001,547	\$19,538,406
8	Total Operating Expenses	\$258,660,107	\$271,196,171	\$274,106,412
9	Depreciation Expense	\$11,906,435	\$12,231,958	\$12,555,983
10	Operating Expenses less Depreciation Expense	\$246,753,672	\$258,964,213	\$261,550,429
11	Days Revenue in Patient Accounts Receivable	58	54	55
12	Net Patient Accounts Receivable	\$ 39,388,331	\$ 38,270,688	\$ 39,298,163
13	Due From Third Party Payers	\$2,439,694	\$1,491,255	\$721,274
14	Due To Third Party Payers	\$2,464,561	\$885,738	\$423,893
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 39,363,464	\$ 38,876,205	\$ 39,595,544
16	Total Net Patient Revenue	\$247,269,909	\$261,403,024	\$262,817,891
17	Average Payment Period	71	61	70
18	Total Current Liabilities	\$47,851,448	\$43,546,329	\$50,340,567
19	Total Operating Expenses	\$258,660,107	\$271,196,171	\$274,106,412
20	Depreciation Expense	\$11,906,435	\$12,231,958	\$12,555,983
21	Total Operating Expenses less Depreciation Expense	\$246,753,672	\$258,964,213	\$261,550,429

EASTERN CT HEALTH NETWORK , INC				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2008	FY 2009	FY 2010
E.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	37.9	28.8	27.1
2	Total Net Assets	\$95,498,582	\$75,433,676	\$71,476,482
3	Total Assets	\$251,835,630	\$261,632,758	\$263,336,722
4	<u>Cash Flow to Total Debt Ratio</u>	13.8	12.0	13.1
5	Excess/(Deficiency) of Revenues Over Expenses	\$4,974,823	\$3,216,053	\$4,752,825
6	Depreciation Expense	\$11,906,435	\$12,231,958	\$12,555,983
7	Excess of Revenues Over Expenses and Depreciation Expense	\$16,881,258	\$15,448,011	\$17,308,808
8	Total Current Liabilities	\$47,851,448	\$43,546,329	\$50,340,567
9	Total Long Term Debt	\$74,804,174	\$85,300,571	\$81,733,082
10	Total Current Liabilities and Total Long Term Debt	\$122,655,622	\$128,846,900	\$132,073,649
11	<u>Long Term Debt to Capitalization Ratio</u>	43.9	53.1	53.3
12	Total Long Term Debt	\$74,804,174	\$85,300,571	\$81,733,082
13	Total Net Assets	\$95,498,582	\$75,433,676	\$71,476,482
14	Total Long Term Debt and Total Net Assets	\$170,302,756	\$160,734,247	\$153,209,564

ROCKVILLE GENERAL HOSPITAL						
TWELVE MONTHS ACTUAL FILING						
FISCAL YEAR 2010						
REPORT 400 - HOSPITAL INPATIENT BED UTILIZATION BY DEPARTMENT						
(1)	(2)	(3)	(4)	(5)	(6)	(7)
		PATIENT	STAFFED	AVAILABLE	OCCUPANCY	OCCUPANCY
LINE	DESCRIPTION	DAYS	BEDS (A)	BEDS	OF STAFFED	OF AVAILABLE
					BEDS (A)	BEDS
1	Adult Medical/Surgical	10,225	46	81	60.9%	34.6%
2	ICU/CCU (Excludes Neonatal ICU)	1,934	6	9	88.3%	58.9%
3	Psychiatric: Ages 0 to 17	0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	0	0	0	0.0%	0.0%
	TOTAL PSYCHIATRIC	0	0	0	0.0%	0.0%
5	Rehabilitation	0	0	0	0.0%	0.0%
6	Maternity	1,084	6	12	49.5%	24.7%
7	Newborn	937	8	16	32.1%	16.0%
8	Neonatal ICU	0	0	0	0.0%	0.0%
9	Pediatric	0	0	0	0.0%	0.0%
10	Other	0	0	0	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	13,243	58	102	62.6%	35.6%
	TOTAL INPATIENT BED UTILIZATION	14,180	66	118	58.9%	32.9%
	TOTAL INPATIENT REPORTED YEAR	14,180	66	118	58.9%	32.9%
	TOTAL INPATIENT PRIOR YEAR	15,355	66	118	63.7%	35.7%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	-1,175	0	0	-4.9%	-2.7%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	-8%	0%	0%	-8%	-8%
	Total Licensed Beds and Bassinets	118				
(A) This number may not exceed the number of available beds for each department or in total.						

ROCKVILLE GENERAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
A. CT Scans (A)					
1	Inpatient Scans	2,558	2,428	-130	-5%
2	Outpatient Scans (Excluding Emergency Department Scans)	5,482	5,772	290	5%
3	Emergency Department Scans	2,138	2,251	113	5%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total CT Scans	10,178	10,451	273	3%
B. MRI Scans (A)					
1	Inpatient Scans	297	297	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	1,721	1,578	-143	-8%
3	Emergency Department Scans	23	21	-2	-9%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total MRI Scans	2,041	1,896	-145	-7%
C. PET Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET Scans	0	0	0	0%
D. PET/CT Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET/CT Scans	0	0	0	0%
(A) If the Hospital is not the primary provider of these scans, the Hospital must obtain the fiscal year volume of each of these types of scans from the primary provider of the scans.					
E. Linear Accelerator Procedures					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	Total Linear Accelerator Procedures	0	0	0	0%
F. Cardiac Catheterization Procedures					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	15	11	-4	-27%
	Total Cardiac Catheterization Procedures	15	11	-4	-27%
G. Cardiac Angioplasty Procedures					
1	Primary Procedures	0	0	0	0%
2	Elective Procedures	0	0	0	0%
	Total Cardiac Angioplasty Procedures	0	0	0	0%
H. Electrophysiology Studies					
1	Inpatient Studies	0	0	0	0%
2	Outpatient Studies	0	0	0	0%
	Total Electrophysiology Studies	0	0	0	0%
I. Surgical Procedures					
1	Inpatient Surgical Procedures	795	746	-49	-6%
2	Outpatient Surgical Procedures	1,706	1,726	20	1%
	Total Surgical Procedures	2,501	2,472	-29	-1%
J. Endoscopy Procedures					

ROCKVILLE GENERAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
1	Inpatient Endoscopy Procedures	269	252	-17	-6%
2	Outpatient Endoscopy Procedures	3,034	2,508	-526	-17%
	Total Endoscopy Procedures	3,303	2,760	-543	-16%
K. Hospital Emergency Room Visits					
1	Emergency Room Visits: Treated and Admitted	2,337	2,136	-201	-9%
2	Emergency Room Visits: Treated and Discharged	23,608	23,873	265	1%
	Total Emergency Room Visits	25,945	26,009	64	0%
L. Hospital Clinic Visits					
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%
2	Dental Clinic Visits	0	0	0	0%
3	Psychiatric Clinic Visits	0	0	0	0%
4	Medical Clinic Visits	0	0	0	0%
5	Specialty Clinic Visits	1,718	1,629	-89	-5%
	Total Hospital Clinic Visits	1,718	1,629	-89	-5%
M. Other Hospital Outpatient Visits					
1	Rehabilitation (PT/OT/ST)	31,626	27,606	-4,020	-13%
2	Cardiology	7,899	8,649	750	9%
3	Chemotherapy	0	0	0	0%
4	Gastroenterology	3,034	2,508	-526	-17%
5	Other Outpatient Visits	16,574	14,316	-2,258	-14%
	Total Other Hospital Outpatient Visits	59,133	53,079	-6,054	-10%
N. Hospital Full Time Equivalent Employees					
1	Total Nursing FTEs	135.8	124.5	-11.3	-8%
2	Total Physician FTEs	6.9	5.3	-1.6	-23%
3	Total Non-Nursing and Non-Physician FTEs	301.3	292.9	-8.4	-3%
	Total Hospital Full Time Equivalent Employees	444.0	422.7	-21.3	-5%

ROCKVILLE GENERAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
A. Outpatient Surgical Procedures					
1	Hospital Operating Room	1,706	1,726	20	1%
	Total Outpatient Surgical Procedures(A)	1,706	1,726	20	1%
B. Outpatient Endoscopy Procedures					
1	Hospital Operating Room	3,034	2,508	-526	-17%
	Total Outpatient Endoscopy Procedures(B)	3,034	2,508	-526	-17%
C. Outpatient Hospital Emergency Room Visits					
1	Hospital Emergency Room	23,608	23,873	265	1%
	Total Outpatient Hospital Emergency Room Visits(C)	23,608	23,873	265	1%
(A) Must agree with Total Outpatient Surgical Procedures on Report 450.					
(B) Must agree with Total Outpatient Endoscopy Procedures on Report 450.					
(C) Must agree with Emergency Room Visits Treated and Discharged on Report 450.					

ROCKVILLE GENERAL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2010 REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
I. DATA BY MAJOR PAYER CATEGORY					
A. MEDICARE					
MEDICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$36,350,013	\$35,216,904	(\$1,133,109)	-3%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$15,418,463	\$14,872,476	(\$545,987)	-4%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	42.42%	42.23%	-0.19%	0%
4	DISCHARGES	1,766	1,595	(171)	-10%
5	CASE MIX INDEX (CMI)	1.46448	1.42830	(0.03618)	-2%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	2,586.27168	2,278.13850	(308.13318)	-12%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,961.66	\$6,528.35	\$566.69	10%
8	PATIENT DAYS	9,404	8,291	(1,113)	-12%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,639.56	\$1,793.81	\$154.25	9%
10	AVERAGE LENGTH OF STAY	5.3	5.2	(0.1)	-2%
MEDICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$24,727,547	\$27,105,329	\$2,377,782	10%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$7,967,594	\$8,379,884	\$412,290	5%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	32.22%	30.92%	-1.31%	-4%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	68.03%	76.97%	8.94%	13%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,201.34339	1,227.62068	26.27729	2%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$6,632.24	\$6,826.12	\$193.88	3%
MEDICARE TOTALS (INPATIENT + OUTPATIENT)					
17	TOTAL ACCRUED CHARGES	\$61,077,560	\$62,322,233	\$1,244,673	2%
18	TOTAL ACCRUED PAYMENTS	\$23,386,057	\$23,252,360	(\$133,697)	-1%
19	TOTAL ALLOWANCES	\$37,691,503	\$39,069,873	\$1,378,370	4%

ROCKVILLE GENERAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)					
NON-GOVERNMENT INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$16,530,613	\$16,275,839	(\$254,774)	-2%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$9,041,496	\$8,333,599	(\$707,897)	-8%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	54.70%	51.20%	-3.49%	-6%
4	DISCHARGES	1,190	1,129	(61)	-5%
5	CASE MIX INDEX (CMI)	1.02677	1.07590	0.04913	5%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,221.85630	1,214.69110	(7.16520)	-1%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,399.80	\$6,860.67	(\$539.13)	-7%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$1,438.15)	(\$332.33)	\$1,105.82	-77%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$1,757,209)	(\$403,675)	\$1,353,533	-77%
10	PATIENT DAYS	3,942	3,729	(213)	-5%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,293.63	\$2,234.81	(\$58.82)	-3%
12	AVERAGE LENGTH OF STAY	3.3	3.3	(0.0)	0%
NON-GOVERNMENT OUTPATIENT					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$43,908,983	\$43,969,014	\$60,031	0%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$22,627,305	\$21,676,096	(\$951,209)	-4%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	51.53%	49.30%	-2.23%	-4%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	265.62%	270.15%	4.53%	2%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,160.90455	3,049.98205	(110.92249)	-4%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$7,158.49	\$7,106.96	(\$51.53)	-1%
19	MEDICARE - NON-GOVERNMENT OP PMT / OPED	(\$526.25)	(\$280.84)	\$245.41	-47%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$1,663,437)	(\$856,558)	\$806,879	-49%
NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)					
21	TOTAL ACCRUED CHARGES	\$60,439,596	\$60,244,853	(\$194,743)	0%
22	TOTAL ACCRUED PAYMENTS	\$31,668,801	\$30,009,695	(\$1,659,106)	-5%
23	TOTAL ALLOWANCES	\$28,770,795	\$30,235,158	\$1,464,363	5%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$3,420,646)	(\$1,260,233)	\$2,160,413	-63%
NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$60,439,596	\$60,244,853	(\$194,743)	0%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$32,092,333	\$30,009,695	(\$2,082,638)	-6%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$28,347,263	\$30,235,158	\$1,887,895	7%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	46.90%	50.19%	3.29%	

ROCKVILLE GENERAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
C.	<u>UNINSURED</u>				
	<u>UNINSURED INPATIENT</u>				
1	INPATIENT ACCRUED CHARGES	\$1,260,645	\$1,077,749	(\$182,896)	-15%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$345,733	\$254,043	(\$91,690)	-27%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	27.43%	23.57%	-3.85%	-14%
4	DISCHARGES	63	65	2	3%
5	CASE MIX INDEX (CMI)	1.00420	1.01348	0.00928	1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	63.26460	65.87620	2.61160	4%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,464.87	\$3,856.37	(\$1,608.50)	-29%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$1,934.93	\$3,004.30	\$1,069.37	55%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$496.78	\$2,671.98	\$2,175.19	438%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$31,429	\$176,020	\$144,591	460%
11	PATIENT DAYS	185	266	81	44%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,868.83	\$955.05	(\$913.78)	-49%
13	AVERAGE LENGTH OF STAY	2.9	4.1	1.2	39%
	<u>UNINSURED OUTPATIENT</u>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$4,141,394	\$4,141,862	\$468	0%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$1,175,074	\$671,338	(\$503,736)	-43%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	28.37%	16.21%	-12.17%	-43%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	328.51%	384.31%	55.79%	17%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	206.96375	249.79938	42.83562	21%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$5,677.68	\$2,687.51	(\$2,990.17)	-53%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$1,480.81	\$4,419.45	\$2,938.64	198%
21	MEDICARE - UNINSURED OP PMT / OPED	\$954.56	\$4,138.61	\$3,184.05	334%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$197,559	\$1,033,822	\$836,263	423%
	<u>UNINSURED TOTALS (INPATIENT AND OUTPATIENT)</u>				
23	TOTAL ACCRUED CHARGES	\$5,402,039	\$5,219,611	(\$182,428)	-3%
24	TOTAL ACCRUED PAYMENTS	\$1,520,807	\$925,381	(\$595,426)	-39%
25	TOTAL ALLOWANCES	\$3,881,232	\$4,294,230	\$412,998	11%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$228,987	\$1,209,842	\$980,854	428%

ROCKVILLE GENERAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
D. STATE OF CONNECTICUT MEDICAID					
MEDICAID INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$4,619,147	\$5,770,790	\$1,151,643	25%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$1,814,994	\$2,072,762	\$257,768	14%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	39.29%	35.92%	-3.37%	-9%
4	DISCHARGES	458	548	90	20%
5	CASE MIX INDEX (CMI)	0.80549	0.80000	(0.00549)	-1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	368.91442	438.40000	69.48558	19%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,919.82	\$4,728.02	(\$191.81)	-4%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$2,479.98	\$2,132.66	(\$347.32)	-14%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$1,041.83	\$1,800.33	\$758.50	73%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$384,347	\$789,265	\$404,918	105%
11	PATIENT DAYS	1,487	1,644	157	11%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,220.57	\$1,260.80	\$40.23	3%
13	AVERAGE LENGTH OF STAY	3.2	3.0	(0.2)	-8%
MEDICAID OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$10,334,722	\$13,820,160	\$3,485,438	34%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$3,229,596	\$3,860,821	\$631,225	20%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	31.25%	27.94%	-3.31%	-11%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	223.74%	239.48%	15.75%	7%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,024.71358	1,312.37624	287.66266	28%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,151.71	\$2,941.86	(\$209.85)	-7%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$4,006.78	\$4,165.10	\$158.32	4%
21	MEDICARE - MEDICAID OP PMT / OPED	\$3,480.53	\$3,884.26	\$403.73	12%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,566,547	\$5,097,614	\$1,531,067	43%
MEDICAID TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$14,953,869	\$19,590,950	\$4,637,081	31%
24	TOTAL ACCRUED PAYMENTS	\$5,044,590	\$5,933,583	\$888,993	18%
25	TOTAL ALLOWANCES	\$9,909,279	\$13,657,367	\$3,748,088	38%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,950,894	\$5,886,879	\$1,935,985	49%

ROCKVILLE GENERAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
E. OTHER MEDICAL ASSISTANCE (O.M.A.)					
OTHER MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$1,770,818	\$1,628,725	(\$142,093)	-8%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$197,210	\$459,161	\$261,951	133%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	11.14%	28.19%	17.05%	153%
4	DISCHARGES	88	97	9	10%
5	CASE MIX INDEX (CMI)	1.29152	1.28176	(0.00976)	-1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	113.65376	124.33072	10.67696	9%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$1,735.18	\$3,693.06	\$1,957.88	113%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$5,664.62	\$3,167.61	(\$2,497.01)	-44%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$4,226.47	\$2,835.28	(\$1,391.19)	-33%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$480,355	\$352,513	(\$127,842)	-27%
11	PATIENT DAYS	499	468	(31)	-6%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$395.21	\$981.11	\$585.90	148%
13	AVERAGE LENGTH OF STAY	5.7	4.8	(0.8)	-15%
OTHER MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$2,363,824	\$2,676,432	\$312,608	13%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$294,211	\$243,733	(\$50,478)	-17%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	12.45%	9.11%	-3.34%	-27%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	133.49%	164.33%	30.84%	23%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	117.46917	159.39702	41.92785	36%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$2,504.58	\$1,529.09	(\$975.49)	-39%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$4,653.91	\$5,577.86	\$923.95	20%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$4,127.66	\$5,297.02	\$1,169.37	28%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$484,872	\$844,330	\$359,458	74%
OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$4,134,642	\$4,305,157	\$170,515	4%
24	TOTAL ACCRUED PAYMENTS	\$491,421	\$702,894	\$211,473	43%
25	TOTAL ALLOWANCES	\$3,643,221	\$3,602,263	(\$40,958)	-1%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$965,227	\$1,196,843	\$231,616	24%

ROCKVILLE GENERAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
F. TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)					
TOTAL MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$6,389,965	\$7,399,515	\$1,009,550	16%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$2,012,204	\$2,531,923	\$519,719	26%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	31.49%	34.22%	2.73%	9%
4	DISCHARGES	546	645	99	18%
5	CASE MIX INDEX (CMI)	0.88382	0.87245	(0.01137)	-1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	482.56818	562.73072	80.16254	17%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,169.78	\$4,499.35	\$329.57	8%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$3,230.02	\$2,361.32	(\$868.70)	-27%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$1,791.87	\$2,028.99	\$237.12	13%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$864,702	\$1,141,778	\$277,076	32%
11	PATIENT DAYS	1,986	2,112	126	6%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,013.19	\$1,198.83	\$185.63	18%
13	AVERAGE LENGTH OF STAY	3.6	3.3	(0.4)	-10%
TOTAL MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$12,698,546	\$16,496,592	\$3,798,046	30%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$3,523,807	\$4,104,554	\$580,747	16%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	27.75%	24.88%	-2.87%	-10%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	198.73%	222.94%	24.22%	12%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,142.18275	1,471.77326	329.59051	29%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,085.15	\$2,788.85	(\$296.30)	-10%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$4,073.34	\$4,318.11	\$244.77	6%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$3,547.09	\$4,037.27	\$490.18	14%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$4,051,420	\$5,941,944	\$1,890,525	47%
TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$19,088,511	\$23,896,107	\$4,807,596	25%
24	TOTAL ACCRUED PAYMENTS	\$5,536,011	\$6,636,477	\$1,100,466	20%
25	TOTAL ALLOWANCES	\$13,552,500	\$17,259,630	\$3,707,130	27%

ROCKVILLE GENERAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
G. CHAMPUS / TRICARE					
CHAMPUS / TRICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$86,402	\$270,821	\$184,419	213%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$38,372	\$91,096	\$52,724	137%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	44.41%	33.64%	-10.77%	-24%
4	DISCHARGES	8	17	9	113%
5	CASE MIX INDEX (CMI)	0.95967	1.00700	0.04733	5%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	7.67736	17.11900	9.44164	123%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,998.07	\$5,321.34	\$323.27	6%
8	PATIENT DAYS	23	48	25	109%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,668.35	\$1,897.83	\$229.49	14%
10	AVERAGE LENGTH OF STAY	2.9	2.8	(0.1)	-2%
CHAMPUS / TRICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$234,543	\$400,126	\$165,583	71%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$145,305	\$255,010	\$109,705	75%
CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)					
13	TOTAL ACCRUED CHARGES	\$320,945	\$670,947	\$350,002	109%
14	TOTAL ACCRUED PAYMENTS	\$183,677	\$346,106	\$162,429	88%
15	TOTAL ALLOWANCES	\$137,268	\$324,841	\$187,573	137%
H. OTHER DATA					
1	OTHER OPERATING REVENUE	\$5,040,949	\$5,266,293	\$225,344	4%
2	TOTAL OPERATING EXPENSES	\$66,239,259	\$65,883,977	(\$355,282)	-1%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$289,083	\$327,558	\$38,475	13%
COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)					
4	CHARITY CARE (CHARGES)	\$550,997	\$772,244	\$221,247	40%
5	BAD DEBTS (CHARGES)	\$3,876,624	\$3,601,814	(\$274,810)	-7%
6	UNCOMPENSATED CARE (CHARGES)	\$4,427,621	\$4,374,058	(\$53,563)	-1%
7	COST OF UNCOMPENSATED CARE	\$1,792,692	\$1,670,679	(\$122,013)	-7%
TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)					
8	TOTAL ACCRUED CHARGES	\$19,088,511	\$23,896,107	\$4,807,596	25%
9	TOTAL ACCRUED PAYMENTS	\$5,536,011	\$6,636,477	\$1,100,466	20%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$7,728,715	\$9,127,159	\$1,398,444	18%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$2,192,704	\$2,490,682	\$297,978	14%

ROCKVILLE GENERAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
II. AGGREGATE DATA					
A. TOTALS - ALL PAYERS					
1	TOTAL INPATIENT CHARGES	\$59,356,993	\$59,163,079	(\$193,914)	0%
2	TOTAL INPATIENT PAYMENTS	\$26,510,535	\$25,829,094	(\$681,441)	-3%
3	TOTAL INPATIENT PAYMENTS / CHARGES	44.66%	43.66%	-1.01%	-2%
4	TOTAL DISCHARGES	3,510	3,386	(124)	-4%
5	TOTAL CASE MIX INDEX	1.22461	1.20280	(0.02181)	-2%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	4,298.37352	4,072.67932	(225.69420)	-5%
7	TOTAL OUTPATIENT CHARGES	\$81,569,619	\$87,971,061	\$6,401,442	8%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	137.42%	148.69%	11.27%	8%
9	TOTAL OUTPATIENT PAYMENTS	\$34,264,011	\$34,415,544	\$151,533	0%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	42.01%	39.12%	-2.88%	-7%
11	TOTAL CHARGES	\$140,926,612	\$147,134,140	\$6,207,528	4%
12	TOTAL PAYMENTS	\$60,774,546	\$60,244,638	(\$529,908)	-1%
13	TOTAL PAYMENTS / TOTAL CHARGES	43.12%	40.95%	-2.18%	-5%
14	PATIENT DAYS	15,355	14,180	(1,175)	-8%
B. TOTALS - ALL GOVERNMENT PAYERS					
1	INPATIENT CHARGES	\$42,826,380	\$42,887,240	\$60,860	0%
2	INPATIENT PAYMENTS	\$17,469,039	\$17,495,495	\$26,456	0%
3	GOVT. INPATIENT PAYMENTS / CHARGES	40.79%	40.79%	0.00%	0%
4	DISCHARGES	2,320	2,257	(63)	-3%
5	CASE MIX INDEX	1.32609	1.26628	(0.05981)	-5%
6	CASE MIX ADJUSTED DISCHARGES	3,076.51722	2,857.98822	(218.52900)	-7%
7	OUTPATIENT CHARGES	\$37,660,636	\$44,002,047	\$6,341,411	17%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	87.94%	102.60%	14.66%	17%
9	OUTPATIENT PAYMENTS	\$11,636,706	\$12,739,448	\$1,102,742	9%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	30.90%	28.95%	-1.95%	-6%
11	TOTAL CHARGES	\$80,487,016	\$86,889,287	\$6,402,271	8%
12	TOTAL PAYMENTS	\$29,105,745	\$30,234,943	\$1,129,198	4%
13	TOTAL PAYMENTS / CHARGES	36.16%	34.80%	-1.36%	-4%
14	PATIENT DAYS	11,413	10,451	(962)	-8%
15	TOTAL GOVERNMENT DEDUCTIONS	\$51,381,271	\$56,654,344	\$5,273,073	10%
C. AVERAGE LENGTH OF STAY					
1	MEDICARE	5.3	5.2	(0.1)	-2%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.3	3.3	(0.0)	0%
3	UNINSURED	2.9	4.1	1.2	39%
4	MEDICAID	3.2	3.0	(0.2)	-8%
5	OTHER MEDICAL ASSISTANCE	5.7	4.8	(0.8)	-15%
6	CHAMPUS / TRICARE	2.9	2.8	(0.1)	-2%
7	TOTAL AVERAGE LENGTH OF STAY	4.4	4.2	(0.2)	-4%

ROCKVILLE GENERAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION					
1	TOTAL CHARGES	\$140,926,612	\$147,134,140	\$6,207,528	4%
2	TOTAL GOVERNMENT DEDUCTIONS	\$51,381,271	\$56,654,344	\$5,273,073	10%
3	UNCOMPENSATED CARE	\$4,427,621	\$4,374,058	(\$53,563)	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$28,347,263	\$30,235,158	\$1,887,895	7%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0	0%
6	TOTAL ADJUSTMENTS	\$84,156,155	\$91,263,560	\$7,107,405	8%
7	TOTAL ACCRUED PAYMENTS	\$56,770,457	\$55,870,580	(\$899,877)	-2%
8	UCP DSH PYMTS. (Gross DSH+Upper Limit Adj.- OHCA Input)	\$289,083	\$327,558	\$38,475	13%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$57,059,540	\$56,198,138	(\$861,402)	-2%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.4048883258	0.3819517211	(0.0229366048)	-6%
11	COST OF UNCOMPENSATED CARE	\$1,792,692	\$1,670,679	(\$122,013)	-7%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$2,192,704	\$2,490,682	\$297,978	14%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$3,985,396	\$4,161,361	\$175,965	4%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	\$3,566,547	\$5,097,614	\$1,531,067	43%
2	OTHER MEDICAL ASSISTANCE	\$965,227	\$1,196,843	\$231,616	24%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$228,987	\$1,209,842	\$980,854	428%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$4,760,762	\$7,504,299	\$2,743,537	58%
V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$0	\$0	0.00%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$3,876,624	\$3,601,814	(\$274,810)	-7.09%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$64,940,252	\$64,174,022	(\$766,230)	-1.18%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP.AUDIT. FINANCIAL STATEMENTS	\$140,926,612	\$147,134,138	\$6,207,526	4.40%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$0	\$0	\$0	0.00%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$4,427,621	\$4,374,058	(\$53,563)	-1.21%

ROCKVILLE GENERAL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2010 REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE
I. ACCRUED CHARGES AND PAYMENTS				
A. INPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$16,530,613	\$16,275,839	(\$254,774)
2	MEDICARE	\$36,350,013	35,216,904	(\$1,133,109)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$6,389,965	7,399,515	\$1,009,550
4	MEDICAID	\$4,619,147	5,770,790	\$1,151,643
5	OTHER MEDICAL ASSISTANCE	\$1,770,818	1,628,725	(\$142,093)
6	CHAMPUS / TRICARE	\$86,402	270,821	\$184,419
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,260,645	1,077,749	(\$182,896)
	TOTAL INPATIENT GOVERNMENT CHARGES	\$42,826,380	\$42,887,240	\$60,860
	TOTAL INPATIENT CHARGES	\$59,356,993	\$59,163,079	(\$193,914)
B. OUTPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$43,908,983	\$43,969,014	\$60,031
2	MEDICARE	\$24,727,547	27,105,329	\$2,377,782
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$12,698,546	16,496,592	\$3,798,046
4	MEDICAID	\$10,334,722	13,820,160	\$3,485,438
5	OTHER MEDICAL ASSISTANCE	\$2,363,824	2,676,432	\$312,608
6	CHAMPUS / TRICARE	\$234,543	400,126	\$165,583
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,141,394	4,141,862	\$468
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$37,660,636	\$44,002,047	\$6,341,411
	TOTAL OUTPATIENT CHARGES	\$81,569,619	\$87,971,061	\$6,401,442
C. TOTAL ACCRUED CHARGES				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$60,439,596	\$60,244,853	(\$194,743)
2	TOTAL MEDICARE	\$61,077,560	\$62,322,233	\$1,244,673
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$19,088,511	\$23,896,107	\$4,807,596
4	TOTAL MEDICAID	\$14,953,869	\$19,590,950	\$4,637,081
5	TOTAL OTHER MEDICAL ASSISTANCE	\$4,134,642	\$4,305,157	\$170,515
6	TOTAL CHAMPUS / TRICARE	\$320,945	\$670,947	\$350,002
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$5,402,039	\$5,219,611	(\$182,428)
	TOTAL GOVERNMENT CHARGES	\$80,487,016	\$86,889,287	\$6,402,271
	TOTAL CHARGES	\$140,926,612	\$147,134,140	\$6,207,528
D. INPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$9,041,496	\$8,333,599	(\$707,897)
2	MEDICARE	\$15,418,463	14,872,476	(\$545,987)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$2,012,204	2,531,923	\$519,719
4	MEDICAID	\$1,814,994	2,072,762	\$257,768
5	OTHER MEDICAL ASSISTANCE	\$197,210	459,161	\$261,951
6	CHAMPUS / TRICARE	\$38,372	91,096	\$52,724
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$345,733	254,043	(\$91,690)
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$17,469,039	\$17,495,495	\$26,456
	TOTAL INPATIENT PAYMENTS	\$26,510,535	\$25,829,094	(\$681,441)
E. OUTPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$22,627,305	\$21,676,096	(\$951,209)
2	MEDICARE	\$7,967,594	8,379,884	\$412,290
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$3,523,807	4,104,554	\$580,747
4	MEDICAID	\$3,229,596	3,860,821	\$631,225
5	OTHER MEDICAL ASSISTANCE	\$294,211	243,733	(\$50,478)
6	CHAMPUS / TRICARE	\$145,305	255,010	\$109,705
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,175,074	671,338	(\$503,736)
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$11,636,706	\$12,739,448	\$1,102,742
	TOTAL OUTPATIENT PAYMENTS	\$34,264,011	\$34,415,544	\$151,533
F. TOTAL ACCRUED PAYMENTS				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$31,668,801	\$30,009,695	(\$1,659,106)
2	TOTAL MEDICARE	\$23,386,057	\$23,252,360	(\$133,697)
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,536,011	\$6,636,477	\$1,100,466
4	TOTAL MEDICAID	\$5,044,590	\$5,933,583	\$888,993
5	TOTAL OTHER MEDICAL ASSISTANCE	\$491,421	\$702,894	\$211,473
6	TOTAL CHAMPUS / TRICARE	\$183,677	\$346,106	\$162,429
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,520,807	\$925,381	(\$595,426)
	TOTAL GOVERNMENT PAYMENTS	\$29,105,745	\$30,234,943	\$1,129,198
	TOTAL PAYMENTS	\$60,774,546	\$60,244,638	(\$529,908)

ROCKVILLE GENERAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE
II. PAYER MIX				
A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	11.73%	11.06%	-0.67%
2	MEDICARE	25.79%	23.94%	-1.86%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.53%	5.03%	0.49%
4	MEDICAID	3.28%	3.92%	0.64%
5	OTHER MEDICAL ASSISTANCE	1.26%	1.11%	-0.15%
6	CHAMPUS / TRICARE	0.06%	0.18%	0.12%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.89%	0.73%	-0.16%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	30.39%	29.15%	-1.24%
	TOTAL INPATIENT PAYER MIX	42.12%	40.21%	-1.91%
B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	31.16%	29.88%	-1.27%
2	MEDICARE	17.55%	18.42%	0.88%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	9.01%	11.21%	2.20%
4	MEDICAID	7.33%	9.39%	2.06%
5	OTHER MEDICAL ASSISTANCE	1.68%	1.82%	0.14%
6	CHAMPUS / TRICARE	0.17%	0.27%	0.11%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2.94%	2.82%	-0.12%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	26.72%	29.91%	3.18%
	TOTAL OUTPATIENT PAYER MIX	57.88%	59.79%	1.91%
	TOTAL PAYER MIX BASED ON ACCRUED CHARGES	100.00%	100.00%	0.00%
C. INPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	14.88%	13.83%	-1.04%
2	MEDICARE	25.37%	24.69%	-0.68%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3.31%	4.20%	0.89%
4	MEDICAID	2.99%	3.44%	0.45%
5	OTHER MEDICAL ASSISTANCE	0.32%	0.76%	0.44%
6	CHAMPUS / TRICARE	0.06%	0.15%	0.09%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.57%	0.42%	-0.15%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	28.74%	29.04%	0.30%
	TOTAL INPATIENT PAYER MIX	43.62%	42.87%	-0.75%
D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	37.23%	35.98%	-1.25%
2	MEDICARE	13.11%	13.91%	0.80%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.80%	6.81%	1.01%
4	MEDICAID	5.31%	6.41%	1.09%
5	OTHER MEDICAL ASSISTANCE	0.48%	0.40%	-0.08%
6	CHAMPUS / TRICARE	0.24%	0.42%	0.18%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.93%	1.11%	-0.82%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	19.15%	21.15%	2.00%
	TOTAL OUTPATIENT PAYER MIX	56.38%	57.13%	0.75%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%

ROCKVILLE GENERAL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2010 REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE
III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA				
A. DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,190	1,129	(61)
2	MEDICARE	1,766	1,595	(171)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	546	645	99
4	MEDICAID	458	548	90
5	OTHER MEDICAL ASSISTANCE	88	97	9
6	CHAMPUS / TRICARE	8	17	9
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	63	65	2
	TOTAL GOVERNMENT DISCHARGES	2,320	2,257	(63)
	TOTAL DISCHARGES	3,510	3,386	(124)
B. PATIENT DAYS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3,942	3,729	(213)
2	MEDICARE	9,404	8,291	(1,113)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,986	2,112	126
4	MEDICAID	1,487	1,644	157
5	OTHER MEDICAL ASSISTANCE	499	468	(31)
6	CHAMPUS / TRICARE	23	48	25
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	185	266	81
	TOTAL GOVERNMENT PATIENT DAYS	11,413	10,451	(962)
	TOTAL PATIENT DAYS	15,355	14,180	(1,175)
C. AVERAGE LENGTH OF STAY (ALOS)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.3	3.3	(0.0)
2	MEDICARE	5.3	5.2	(0.1)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3.6	3.3	(0.4)
4	MEDICAID	3.2	3.0	(0.2)
5	OTHER MEDICAL ASSISTANCE	5.7	4.8	(0.8)
6	CHAMPUS / TRICARE	2.9	2.8	(0.1)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2.9	4.1	1.2
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	4.9	4.6	(0.3)
	TOTAL AVERAGE LENGTH OF STAY	4.4	4.2	(0.2)
D. CASE MIX INDEX				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.02677	1.07590	0.04913
2	MEDICARE	1.46448	1.42830	(0.03618)
0	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.88382	0.87245	(0.01137)
4	MEDICAID	0.80549	0.80000	(0.00549)
5	OTHER MEDICAL ASSISTANCE	1.29152	1.28176	(0.00976)
6	CHAMPUS / TRICARE	0.95967	1.00700	0.04733
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.00420	1.01348	0.00928
	TOTAL GOVERNMENT CASE MIX INDEX	1.32609	1.26628	(0.05981)
	TOTAL CASE MIX INDEX	1.22461	1.20280	(0.02181)
E. OTHER REQUIRED DATA				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$60,439,596	\$60,244,853	(\$194,743)
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$32,092,333	\$30,009,695	(\$2,082,638)
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$28,347,263	\$30,235,158	\$1,887,895
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	46.90%	50.19%	3.29%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$0	\$0
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT-OHCA INPUT)	\$289,083	\$327,558	\$38,475
8	CHARITY CARE	\$550,997	\$772,244	\$221,247
9	BAD DEBTS	\$3,876,624	\$3,601,814	(\$274,810)
10	TOTAL UNCOMPENSATED CARE	\$4,427,621	\$4,374,058	(\$53,563)
11	TOTAL OTHER OPERATING REVENUE	\$60,439,596	\$60,244,853	(\$194,743)
12	TOTAL OPERATING EXPENSES	\$66,239,259	\$65,883,977	(\$355,282)

ROCKVILLE GENERAL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2010 REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE
IV. DSH UPPER PAYMENT LIMIT CALCULATIONS				
A. CASE MIX ADJUSTED DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,221.85630	1,214.69110	(7.16520)
2	MEDICARE	2,586.27168	2,278.13850	(308.13318)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	482.56818	562.73072	80.16254
4	MEDICAID	368.91442	438.40000	69.48558
5	OTHER MEDICAL ASSISTANCE	113.65376	124.33072	10.67696
6	CHAMPUS / TRICARE	7.67736	17.11900	9.44164
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	63.26460	65.87620	2.61160
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	3,076.51722	2,857.98822	(218.52900)
	TOTAL CASE MIX ADJUSTED DISCHARGES	4,298.37352	4,072.67932	(225.69420)
B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3,160.90455	3,049.98205	-110.92249
2	MEDICARE	1,201.34339	1,227.62068	26.27729
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,142.18275	1,471.77326	329.59051
4	MEDICAID	1,024.71358	1,312.37624	287.66266
5	OTHER MEDICAL ASSISTANCE	117.46917	159.39702	41.92785
6	CHAMPUS / TRICARE	21.71644	25.11675	3.40030
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	206.96375	249.79938	42.83562
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	2,365.24258	2,724.51068	359.26810
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	5,526.14713	5,774.49273	248.34560
C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$7,399.80	\$6,860.67	(\$539.13)
2	MEDICARE	\$5,961.66	\$6,528.35	\$566.69
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,169.78	\$4,499.35	\$329.57
4	MEDICAID	\$4,919.82	\$4,728.02	(\$191.81)
5	OTHER MEDICAL ASSISTANCE	\$1,735.18	\$3,693.06	\$1,957.88
6	CHAMPUS / TRICARE	\$4,998.07	\$5,321.34	\$323.27
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$5,464.87	\$3,856.37	(\$1,608.50)
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$5,678.19	\$6,121.61	\$443.43
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$6,167.57	\$6,342.04	\$174.47
D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$7,158.49	\$7,106.96	(\$51.53)
2	MEDICARE	\$6,632.24	\$6,826.12	\$193.88
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$3,085.15	\$2,788.85	(\$296.30)
4	MEDICAID	\$3,151.71	\$2,941.86	(\$209.85)
5	OTHER MEDICAL ASSISTANCE	\$2,504.58	\$1,529.09	(\$975.49)
6	CHAMPUS / TRICARE	\$6,691.01	\$10,152.99	\$3,461.97
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$5,677.68	\$2,687.51	(\$2,990.17)
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$4,919.88	\$4,675.87	(\$244.01)
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$6,200.34	\$5,959.93	(\$240.42)

ROCKVILLE GENERAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE
V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)				
1	MEDICAID	\$3,566,547	\$5,097,614	\$1,531,067
2	OTHER MEDICAL ASSISTANCE	\$965,227	\$1,196,843	\$231,616
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$228,987	\$1,209,842	\$980,854
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$4,760,762	\$7,504,299	\$2,743,537
VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)				
1	TOTAL CHARGES	\$140,926,612	\$147,134,140	\$6,207,528
2	TOTAL GOVERNMENT DEDUCTIONS	\$51,381,271	\$56,654,344	\$5,273,073
3	UNCOMPENSATED CARE	\$4,427,621	\$4,374,058	(\$53,563)
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$28,347,263	\$30,235,158	\$1,887,895
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0
6	TOTAL ADJUSTMENTS	\$84,156,155	\$91,263,560	\$7,107,405
7	TOTAL ACCRUED PAYMENTS	\$56,770,457	\$55,870,580	(\$899,877)
8	UCP DSH PAYMENTS (OHCA INPUT)	\$289,083	\$327,558	\$38,475
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$57,059,540	\$56,198,138	(\$861,402)
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.4048883258	0.3819517211	(0.0229366048)
11	COST OF UNCOMPENSATED CARE	\$1,792,692	\$1,670,679	(\$122,013)
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$2,192,704	\$2,490,682	\$297,978
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$3,985,396	\$4,161,361	\$175,965
VII. RATIOS				
A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	54.70%	51.20%	-3.49%
2	MEDICARE	42.42%	42.23%	-0.19%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	31.49%	34.22%	2.73%
4	MEDICAID	39.29%	35.92%	-3.37%
5	OTHER MEDICAL ASSISTANCE	11.14%	28.19%	17.05%
6	CHAMPUS / TRICARE	44.41%	33.64%	-10.77%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	27.43%	23.57%	-3.85%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	40.79%	40.79%	0.00%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	44.66%	43.66%	-1.01%
B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	51.53%	49.30%	-2.23%
2	MEDICARE	32.22%	30.92%	-1.31%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	27.75%	24.88%	-2.87%
4	MEDICAID	31.25%	27.94%	-3.31%
5	OTHER MEDICAL ASSISTANCE	12.45%	9.11%	-3.34%
6	CHAMPUS / TRICARE	61.95%	63.73%	1.78%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	28.37%	16.21%	-12.17%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	30.90%	28.95%	-1.95%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	42.01%	39.12%	-2.88%

ROCKVILLE GENERAL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2010 REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE
VIII. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS				
A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	TOTAL ACCRUED PAYMENTS	\$60,774,546	\$60,244,638	(\$529,908)
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$289,083	\$327,558	\$38,475
	OHCA DEFINED NET REVENUE	\$61,063,629	\$60,572,196	(\$491,433)
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$3,876,624	\$3,601,814	(\$274,810)
4	CALCULATED NET REVENUE	\$64,940,253	\$64,174,010	(\$766,243)
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$64,940,252	\$64,174,022	(\$766,230)
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$1	(\$12)	(\$13)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED GROSS REVENUE	\$140,926,612	\$147,134,140	\$6,207,528
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	CALCULATED GROSS REVENUE	\$140,926,612	\$147,134,140	\$6,207,528
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$140,926,612	\$147,134,138	\$6,207,526
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$2	\$2
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$4,427,621	\$4,374,058	(\$53,563)
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0	\$0	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$4,427,621	\$4,374,058	(\$53,563)
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$4,427,621	\$4,374,058	(\$53,563)
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0

ROCKVILLE GENERAL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2010 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2010
I. ACCRUED CHARGES AND PAYMENTS		
A. INPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$16,275,839
2	MEDICARE	35,216,904
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7,399,515
4	MEDICAID	5,770,790
5	OTHER MEDICAL ASSISTANCE	1,628,725
6	CHAMPUS / TRICARE	270,821
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,077,749
	TOTAL INPATIENT GOVERNMENT CHARGES	\$42,887,240
	TOTAL INPATIENT CHARGES	\$59,163,079
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$43,969,014
2	MEDICARE	27,105,329
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	16,496,592
4	MEDICAID	13,820,160
5	OTHER MEDICAL ASSISTANCE	2,676,432
6	CHAMPUS / TRICARE	400,126
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	4,141,862
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$44,002,047
	TOTAL OUTPATIENT CHARGES	\$87,971,061
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$60,244,853
2	TOTAL GOVERNMENT ACCRUED CHARGES	86,889,287
	TOTAL ACCRUED CHARGES	\$147,134,140
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$8,333,599
2	MEDICARE	14,872,476
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,531,923
4	MEDICAID	2,072,762
5	OTHER MEDICAL ASSISTANCE	459,161
6	CHAMPUS / TRICARE	91,096
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	254,043
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$17,495,495
	TOTAL INPATIENT PAYMENTS	\$25,829,094
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$21,676,096
2	MEDICARE	8,379,884
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4,104,554
4	MEDICAID	3,860,821
5	OTHER MEDICAL ASSISTANCE	243,733
6	CHAMPUS / TRICARE	255,010
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	671,338
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$12,739,448
	TOTAL OUTPATIENT PAYMENTS	\$34,415,544
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$30,009,695
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	30,234,943
	TOTAL ACCRUED PAYMENTS	\$60,244,638

ROCKVILLE GENERAL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2010 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2010
II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA		
A. ACCRUED DISCHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,129
2	MEDICARE	1,595
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	645
4	MEDICAID	548
5	OTHER MEDICAL ASSISTANCE	97
6	CHAMPUS / TRICARE	17
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	65
	TOTAL GOVERNMENT DISCHARGES	2,257
	TOTAL DISCHARGES	3,386
B. CASE MIX INDEX		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.07590
2	MEDICARE	1.42830
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.87245
4	MEDICAID	0.80000
5	OTHER MEDICAL ASSISTANCE	1.28176
6	CHAMPUS / TRICARE	1.00700
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.01348
	TOTAL GOVERNMENT CASE MIX INDEX	1.26628
	TOTAL CASE MIX INDEX	1.20280
C. OTHER REQUIRED DATA		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$60,244,853
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$30,009,695
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$30,235,158
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	50.19%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$327,558
8	CHARITY CARE	\$772,244
9	BAD DEBTS	\$3,601,814
10	TOTAL UNCOMPENSATED CARE	\$4,374,058
11	TOTAL OTHER OPERATING REVENUE	\$5,266,293
12	TOTAL OPERATING EXPENSES	\$65,883,977

ROCKVILLE GENERAL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2010 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL FY 2010</u>
III. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS		
A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	TOTAL ACCRUED PAYMENTS	\$60,244,638
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$327,558
	OHCA DEFINED NET REVENUE	\$60,572,196
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$3,601,814
	CALCULATED NET REVENUE	\$64,174,010
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$64,174,022
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$12)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED GROSS REVENUE	\$147,134,140
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	CALCULATED GROSS REVENUE	\$147,134,140
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$147,134,138
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$2
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$4,374,058
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$4,374,058
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$4,374,058
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0

ROCKVILLE GENERAL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2010 REPORT 650 - HOSPITAL UNCOMPENSATED CARE					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
A. Hospital Charity Care (from HRS Report 500)					
1	Number of Applicants	214	398	184	86%
2	Number of Approved Applicants	197	330	133	68%
3	Total Charges (A)	\$550,997	\$772,244	\$221,247	40%
4	Average Charges	\$2,797	\$2,340	(\$457)	-16%
5	Ratio of Cost to Charges (RCC)	0.445073	0.453794	0.008721	2%
6	Total Cost	\$245,234	\$350,440	\$105,206	43%
7	Average Cost	\$1,245	\$1,062	(\$183)	-15%
8	Charity Care - Inpatient Charges	\$244,842	\$305,289	\$60,447	25%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	160,009	243,052	83,043	52%
10	Charity Care - Emergency Department Charges	146,146	223,903	77,757	53%
11	Total Charges (A)	\$550,997	\$772,244	\$221,247	40%
12	Charity Care - Number of Patient Days	214	299	85	40%
13	Charity Care - Number of Discharges	58	75	17	29%
14	Charity Care - Number of Outpatient ED Visits	251	364	113	45%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	142	196	54	38%
B. Hospital Bad Debts (from HRS Report 500)					
1	Bad Debts - Inpatient Services	\$1,079,620	\$953,220	(\$126,400)	-12%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	1,461,824	1,269,991	(191,833)	-13%
3	Bad Debts - Emergency Department	1,335,180	1,378,603	43,423	3%
4	Total Bad Debts (A)	\$3,876,624	\$3,601,814	(\$274,810)	-7%
C. Hospital Uncompensated Care (from HRS Report 500)					
1	Charity Care (A)	\$550,997	\$772,244	\$221,247	40%
2	Bad Debts (A)	3,876,624	3,601,814	(274,810)	-7%
3	Total Uncompensated Care (A)	\$4,427,621	\$4,374,058	(\$53,563)	-1%
4	Uncompensated Care - Inpatient Services	\$1,324,462	\$1,258,509	(\$65,953)	-5%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	1,621,833	1,513,043	(108,790)	-7%
6	Uncompensated Care - Emergency Department	1,481,326	1,602,506	121,180	8%
7	Total Uncompensated Care (A)	\$4,427,621	\$4,374,058	(\$53,563)	-1%
(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.					

ROCKVILLE GENERAL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2010					
REPORT 685 - HOSPITAL NON-GOVERNMENT GROSS REVENUE, CONTRACTUAL ALLOWANCES, ACCRUED PAYMENTS AND DISCOUNT PERCENTAGE					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009	FY 2010		
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL TOTAL NON-GOVERNMENT</u>	<u>ACTUAL TOTAL NON-GOVERNMENT</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
	<u>COMMERCIAL - ALL PAYERS</u>				
1	Total Gross Revenue	\$60,439,596	\$60,244,853	(\$194,743)	0%
2	Total Contractual Allowances	\$28,347,263	\$30,235,158	\$1,887,895	7%
	Total Accrued Payments (A)	\$32,092,333	\$30,009,695	(\$2,082,638)	-6%
	Total Discount Percentage	46.90%	50.19%	3.29%	7%
(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.					

ROCKVILLE GENERAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	ACTUAL FY 2010
A. <u>Gross and Net Revenue</u>				
1	Inpatient Gross Revenue	\$55,903,100	\$59,356,993	\$59,163,079
2	Outpatient Gross Revenue	\$80,085,402	\$81,569,619	\$87,971,061
3	Total Gross Patient Revenue	\$135,988,502	\$140,926,612	\$147,134,140
4	Net Patient Revenue	\$61,803,014	\$64,940,252	\$64,174,022
B. <u>Total Operating Expenses</u>				
1	Total Operating Expense	\$65,930,398	\$66,239,259	\$65,883,977
C. <u>Utilization Statistics</u>				
1	Patient Days	15,185	15,355	14,180
2	Discharges	3,539	3,510	3,386
3	Average Length of Stay	4.3	4.4	4.2
4	Equivalent (Adjusted) Patient Days (EPD)	36,939	36,456	35,265
0	Equivalent (Adjusted) Discharges (ED)	8,609	8,334	8,421
D. <u>Case Mix Statistics</u>				
1	Case Mix Index	1.17725	1.22461	1.20280
2	Case Mix Adjusted Patient Days (CMAPD)	17,877	18,804	17,056
3	Case Mix Adjusted Discharges (CMAD)	4,166	4,298	4,073
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	43,486	44,645	42,416
5	Case Mix Adjusted Equivalent Discharges (CMAED)	10,135	10,205	10,128
E. <u>Gross Revenue Per Statistic</u>				
1	Total Gross Revenue per Patient Day	\$8,955	\$9,178	\$10,376
2	Total Gross Revenue per Discharge	\$38,426	\$40,150	\$43,454
3	Total Gross Revenue per EPD	\$3,681	\$3,866	\$4,172
4	Total Gross Revenue per ED	\$15,796	\$16,911	\$17,473
5	Total Gross Revenue per CMAEPD	\$3,127	\$3,157	\$3,469
6	Total Gross Revenue per CMAED	\$13,418	\$13,809	\$14,527
7	Inpatient Gross Revenue per EPD	\$1,513	\$1,628	\$1,678
8	Inpatient Gross Revenue per ED	\$6,494	\$7,123	\$7,026

ROCKVILLE GENERAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL FY 2008</u>	<u>ACTUAL FY 2009</u>	<u>ACTUAL FY 2010</u>
F. Net Revenue Per Statistic				
1	Net Patient Revenue per Patient Day	\$4,070	\$4,229	\$4,526
2	Net Patient Revenue per Discharge	\$17,463	\$18,501	\$18,953
3	Net Patient Revenue per EPD	\$1,673	\$1,781	\$1,820
4	Net Patient Revenue per ED	\$7,179	\$7,793	\$7,621
5	Net Patient Revenue per CMAEPD	\$1,421	\$1,455	\$1,513
6	Net Patient Revenue per CMAED	\$6,098	\$6,363	\$6,336
G. Operating Expense Per Statistic				
1	Total Operating Expense per Patient Day	\$4,342	\$4,314	\$4,646
2	Total Operating Expense per Discharge	\$18,630	\$18,872	\$19,458
3	Total Operating Expense per EPD	\$1,785	\$1,817	\$1,868
4	Total Operating Expense per ED	\$7,658	\$7,949	\$7,824
5	Total Operating Expense per CMAEPD	\$1,516	\$1,484	\$1,553
6	Total Operating Expense per CMAED	\$6,505	\$6,491	\$6,505
H. Nursing Salary and Fringe Benefits Expense				
1	Nursing Salary Expense	\$9,268,584	\$10,043,170	\$10,046,971
2	Nursing Fringe Benefits Expense	\$2,423,593	\$2,358,076	\$2,722,099
3	Total Nursing Salary and Fringe Benefits Expense	\$11,692,177	\$12,401,246	\$12,769,070
I. Physician Salary and Fringe Expense				
1	Physician Salary Expense	\$1,955,370	\$2,002,782	\$2,105,239
2	Physician Fringe Benefits Expense	\$511,299	\$470,241	\$539,520
3	Total Physician Salary and Fringe Benefits Expense	\$2,466,669	\$2,473,023	\$2,644,759
J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense				
1	Non-Nursing, Non-Physician Salary Expense	\$17,776,293	\$18,051,444	\$17,525,356
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$4,648,229	\$4,225,360	\$4,047,519
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$22,424,522	\$22,276,804	\$21,572,875
K. Total Salary and Fringe Benefits Expense				
1	Total Salary Expense	\$29,000,247	\$30,097,396	\$29,677,566
2	Total Fringe Benefits Expense	\$7,583,121	\$7,053,677	\$7,309,138
3	Total Salary and Fringe Benefits Expense	\$36,583,368	\$37,151,073	\$36,986,704

ROCKVILLE GENERAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	ACTUAL FY 2010
L.	Total Full Time Equivalent Employees (FTEs)			
1	Total Nursing FTEs	114.1	135.8	124.5
2	Total Physician FTEs	6.4	6.9	5.3
3	Total Non-Nursing, Non-Physician FTEs	322.7	301.3	292.9
4	Total Full Time Equivalent Employees (FTEs)	443.2	444.0	422.7
M.	Nursing Salaries and Fringe Benefits Expense per FTE			
1	Nursing Salary Expense per FTE	\$81,232	\$73,956	\$80,699
2	Nursing Fringe Benefits Expense per FTE	\$21,241	\$17,364	\$21,864
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$102,473	\$91,320	\$102,563
N.	Physician Salary and Fringe Expense per FTE			
1	Physician Salary Expense per FTE	\$305,527	\$290,258	\$397,215
2	Physician Fringe Benefits Expense per FTE	\$79,890	\$68,151	\$101,796
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$385,417	\$358,409	\$499,011
O.	Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$55,086	\$59,912	\$59,834
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$14,404	\$14,024	\$13,819
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$69,490	\$73,936	\$73,653
P.	Total Salary and Fringe Benefits Expense per FTE			
1	Total Salary Expense per FTE	\$65,434	\$67,787	\$70,210
2	Total Fringe Benefits Expense per FTE	\$17,110	\$15,887	\$17,292
3	Total Salary and Fringe Benefits Expense per FTE	\$82,544	\$83,674	\$87,501
Q.	Total Salary and Fringe Ben. Expense per Statistic			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$2,409	\$2,419	\$2,608
2	Total Salary and Fringe Benefits Expense per Discharge	\$10,337	\$10,584	\$10,923
3	Total Salary and Fringe Benefits Expense per EPD	\$990	\$1,019	\$1,049
4	Total Salary and Fringe Benefits Expense per ED	\$4,249	\$4,458	\$4,392
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$841	\$832	\$872
6	Total Salary and Fringe Benefits Expense per CMAED	\$3,610	\$3,640	\$3,652